



APPLICATION FOR BUSINESS LICENSE

Please fill out COMPLETELY and return with FEE

Note: This application does not constitute permission to open for business.

City Clerk's Office

Office Use Only

Lic. #: _____
Fee: _____
Penalty: _____
Exp Date: _____

Initial:
Transfer:
Renewal:

PLANNING

Initial _____
Date _____
Zoning _____
Sid# _____

BUILDING

Initial _____
Date _____

PUBLIC SAFETY

Initial _____
Date _____

HEALTH/AGRIC.

Initial _____
Date _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
Suite # Street # Street Name

BUSINESS PHONE: () _____

BUSINESS OWNER (1): _____ () _____
Name Home Phone #

_____ _____
Home Address City/State/Zip

BUSINESS OWNER (2) : _____ () _____
Name Home Phone #

_____ _____
Home Address City/State/Zip

CONTACT PERSON : _____ () _____
Name Home Phone #

_____ _____
Home Address City/State/Zip

(Please check the appropriate box(s))

- Merchant (Retail) (type) _____
- Merchant (Wholesale)
- Gas Station (# of nozzles/pumps) _____
- Professional (type) _____
- Sole Owner
- Partnership
- Corporation
- Other _____

ADDITIONAL INFORMATION

Did you Purchase an Existing Business? _____

(Previous Business Name)

(Previous Owner Name)

Total number of parking spaces available to your business? _____ # of employees? _____ Square footage of your business? _____

Describe the nature of your business in detail _____

APPLICANT SIGNATURE _____ DATE _____