



# APPLICATION FOR BUSINESS LICENSE

Please fill out COMPLETELY and return with FEE

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

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

## Technical/Planning Office

### Office Use Only

- Initial
- Name Change
- Ownership Change

### PLANNING

Initial \_\_\_\_\_

Initial \_\_\_\_\_

Date: \_\_\_\_\_

Zoning: \_\_\_\_\_

Sid# \_\_\_\_\_

### BUILDING

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

### PUBLIC SAFETY

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

OWNER (1): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

PHONE #: \_\_\_\_\_

OWNER (2): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

### PLEASE CHECK THE APPROPRIATE BOX(S)

- |   |   |
|---|---|
| <input type="checkbox"/> Merchant (Retail) (type) _____         | <input type="checkbox"/> Merchant (Wholesale) |
| <input type="checkbox"/> Gas Station (# of nozzles/pumps) _____ | <input type="checkbox"/> Sole Owner           |
| <input type="checkbox"/> Professional (type) _____              | <input type="checkbox"/> Partnership          |
| <input type="checkbox"/> Other _____                            | <input type="checkbox"/> Corporation          |

### ADDITIONAL INFORMATION

Did you Purchase an Existing Business? \_\_\_\_\_  
(Previous Business Name) (Previous Owner Name)

Total # of parking spaces available to your business? \_\_\_ # of employees? \_\_\_ Sq. footage of your business? \_\_\_

Describe the nature of your business in detail \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_