



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

- Initial
- Name Change
- Ownership Change

PLANNING

Initial _____
 Initial _____
 Date: _____
 Zoning: _____
 Sid# _____

BUILDING

Initial: _____
 Date: _____

PUBLIC SAFETY

Initial: _____
 Date: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

BUSINESS OWNER (1): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE NUMBER: _____

HOME PHONE #: _____

BUSINESS OWNER (2): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE NUMBER: _____

HOME PHONE #: _____

CONTACT PERSON: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME 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 _____