



Application for Business License
(Defined by Ordinance NO. 209)

Primary Business Information

Business Name Phone Number
Business Owner
Business Address
City State Zip
Email Address Fax Number
Mailing Address (If different than above)
Contact Person (If different than business owner)
Property Owner Name Owner Phone

Additional Business Information:

Business Main SIC Code
Business Description
Federal I.D. Number (or) Social Security No.
State License Number Expiration Date
Square footage of space occupied by business:

This is a non-profit corporation. (Attach copy of IRS Determination letter)

Number of Employees:

Average Number
(or) From Box 1 on most recent Form 941 Employers Quarterly Tax Return

Responsible Party (emergency after hours contact):

Name Phone Number
Do you have an alarm system? Yes No Company Name

Secondary Business(es) Information (If applicable)

Please list other business(es) owned by same owner at this address or other addresses, if any:

Table with 5 columns: Business Name, Address, SIC Code, Employees\*, Square Footage\*

\* include only if not already included in the primary business information

I hereby certify the statements and information contained in this application, including any attached documents, are in all respects true and correct.

Applicant Signature Date

Permit Approval/Denial (office use only)
Date Received Date Paid Date Issued
Application Approved Application Denied
City Recorder Authorization Date