



Business License Application Form

FEIN Number: _____ Sales Tax Number: _____ These numbers must be provided or license will not be issued
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Business Information

Type of Business: _____
 Business Name: _____
 Common Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Manager Information

Name: _____
 Home Address: _____
 City, State, Zip: _____
 Phone Number: _____ Date of Birth: _____

Billing Information

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____

Indicate one: Sole Owner Partnership Corporation

You must supply the following information for the officers of the corporation, all partners, or the sole owner, whichever is applicable. Please attach additional page if necessary.

Title (if a Corporation) _____
 Name: _____
 Home Address: _____
A street address is required by law.
 City, State, Zip: _____
 Phone Number: _____ Date of Birth: _____

Title (if a Corporation) _____
 Name: _____
 Home Address: _____
A street address is required by law.
 City, State, Zip: _____
 Phone Number: _____ Date of Birth: _____

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LICENSE CATEGORIES

				<u>FEES</u>
Food Establishment/Groceries	Square Feet	_____	_____	_____
Food Establishment/Restaurant	Square Feet	_____	_____	_____
Retail/Wholesale Sales	Square Feet	_____	_____	_____
Service Establishment	Square Feet	_____	_____	_____

ADDITIONAL CHARGES (Accessory Fees)

Automatic Signaling Device		_____	_____
Cigarettes over the Counter		_____	_____
Elevator/Docklift		_____	_____
Outside Pay Phone		_____	_____
Mini-Mart	Square Feet	_____	_____
Office Area	Square Feet	_____	_____
Retail Sales Area	Square Feet	_____	_____
Service Area	Square Feet	_____	_____
Other _____		_____	_____

Vending Machines

TYPE OF MACHINE	SERIAL NUMBER	FEES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vending Machine Owner: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

TOTAL FEES _____

Check #: _____ Date: _____

Will business be selling paint in spray cans? "Yes" "No"

WATER DEPARTMENT Date Billing Arranged _____