

Application for Business License



CIRCLE ONE: **NEW** **CHANGE** **TRANSFER**

Applicant(s): _____

Applicant Date of Birth: ____ / ____ / ____ **DL#** _____ **State** _____

Phone: _____ **Alternate Phone:** _____ **CCB#** _____

Mailing Address: _____

Business Name: _____

Location: _____

Business Mailing Address (if different): _____

*****Erecting a New Sign:** _____ **Replacing a Sign:** _____ **Altering an Existing Sign:** _____

Property Owner Y N If no: **Owner's Name:** _____

Business Type: _____

SQ FT of Building for Business: _____ **Parking Spaces for Business:** _____

Briefly Describe Proposed Business: _____

Applicant Signature: _____ **Date** _____

Property Owner Signature: _____ **Date** _____

(if different from applicant)

*****FOR OFFICE USE ONLY*****

Zoning: _____

Change of Occupancy **Y N**

*****Sign Permit Required** **Y N**

DC Building Dept. **Y N** **Date** _____

Conditions: _____

APPROVED:

DENIED:

Planner

Signature: _____

Date _____

Police Chief

Signature: _____

Date _____

City Manager

Signature: _____

Date _____

Notifications: **P/W** **Fire Marshall**

Fee _____ **Receipt #** _____ **Cash** **Card** **Check #** _____

Posted to File Date: _____ **Certificate:** **Mailed** _____ **Picked Up** _____ **Date** _____