

Application for Business License



CIRCLE ONE: NEW CHANGE TRANSFER

Signage: (circle one) Erect New Replace Existing Alter Existing

Applicant(s): _____

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

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

Mailing Address: _____

Business Name: _____

Location: _____

Email Address: _____

Property Owner Y N (if no): Owner's Name: _____

Business Type: _____

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

Applicant Signature: _____ **Date** _____

Property Owner Signature: _____ **Date** _____
(if different from applicant)

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

Zoning: _____ **Change of Occupancy? Y N** **Sign Permit Req'd? Y N**

Comments: _____

Planner
Signature: _____ **Date** _____

Police Chief
Signature: _____ **Date** _____

City Manager
Signature: _____ **Date** _____

Notifications: P/W Fire Marshal Planning Police

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

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