



Application for Business License

Applicant(s) _____

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

Phone _____ Alternate Phone _____ CCB# _____

Mailing Address _____

Business Name _____

Business Address _____

Business Type _____

Sign (circle one) Erecting New Replacing Old Altering Existing

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

Sq. Ft. of Building for Business: _____ No. of Parking Spaces _____

Applicant Signature: _____ Date _____

Property Owner Signature: _____ Date _____

(if different from applicant)

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

Zoning: _____ **H/O LHO** Change of Occupancy **Y** **N**

Copy to DC Building Dept. **Y** **N** Date _____ Sign Permit Required **Y** **N**

Planner Signature _____ Date _____ Recommended **Y** **N**

Police Chief Signature _____ Date _____ Recommended **Y** **N**

City Manager Signature _____ Date _____

Fee _____ Receipt # _____ Cash Card Check # _____

Comments _____

