



Application for Business License

Applicant(s) _____

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

Phone _____ Alternate Phone _____ CCB# _____

Email _____

Business Name _____

Business Mailing Address _____

Business Location _____

Business Type _____

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)

Important Notice Regarding Signs: *Any new signs or alterations of existing signs will need a separate sign permit.*

*****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 _____

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

City Manager Signature _____ Date _____

Fee _____ Receipt # _____ Cash Card Check # _____

Comments _____
