



COMMERCIAL BUSINESS LICENSE APPLICATION

\$100 FEE

*This is an application for a business license. The actual license will be issued only when ALL inspections are completed and approved. All information must be accurately completed or the issuance of the license will be delayed. Issuance of a business license does not relieve the applicant or the property owner from his/her responsibility to comply with applicable zoning, health, building or fire regulations.

Application Date: _____

Business License #: _____

Business License Status: (Check all that apply) New Business Name Change Ownership Change

BUSINESS INFORMATION	
Business Name:	Business Phone:
Business Address:	City, State, Zip Code:
Business Email:	State Registration (Entity) #:
State Contractor #:	State Sales Tax:
Manager Name:	Manager Phone:
Manager Address:	City, State, Zip Code:
Type of Organization:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC
Business Description:	
Number of Employees:	Opening Date:
Building Square Footage:	Building Frontage:
BUSINESS OWNER INFORMATION	
Owner Name:	Owner Phone:
Owner Address:	City, State, Zip Code:
Driver's License #:	Birth Date:
Email:	
PROPERTY OWNER INFORMATION	
Property Owner Address:	City, State, Zip Code:
APPLICATION FEE: \$100 Date Paid: _____ Receipt: _____	
I/We _____ hereby agree to conduct said business strictly in accordance with the laws and ordinances governing such business, certify that all the information provided in this application is true and correct and do hereby comply with all State, County, and local regulations.	
Signed By: _____	Date: _____
Zoning District _____ Planning Dept _____ Bldg Dept _____ Fire Dept _____	