

NEW BUSINESS APPLICATION

Business Name:

 (DBA/Trade Name)

Business Street Address:

Business Mailing Address:

(List only if different from street address)

Business Phone Number: () _____ - _____

Business Fax Number: () _____ - _____

Business E-Mail Address _____

Type of Business:

Taxpayer I. D. Number:

State Certification Number:

Business Manager or Legal Representative:

Phone Number: () _____ - _____

Address (if different from above):

Corporate _____ P J _____

Business Owner Name(s):

1. _____
 2. _____

Address:

Phone Number: () _____ - _____

S S N #: _____ - _____ - _____

Driver's License #: () _____
State Issued

Date of Birth (mm/dd/yy): ____/____/____

Co-Owner Information (if applicable)

Address:

Phone Number: () _____ - _____

S S N #: _____ - _____ - _____

Driver's License #: () _____
State Issued

Date of Birth (mm/dd/yy): ____/____/____

Business Organization:

Individual _____

Partnership _____

Corporation _____

Signature of Owner / Legal Representative

_____ Date

SCH #:		OFFICE USE ONLY	MUST BE APPROVED BY CITY COUNCIL:	
	BASE FEE:		YES _____	NO _____
	BASE FEE:		ZONING APPROVED: YES _____ NO _____	
	BASE FEE:		CERTIFICATE OF OCCUPANCY #:	
	BASE FEE:		_____	
	BASE FEE:		AUTHORIZED BY	
	BASE FEE:		_____	
	BASE FEE:		DATE	
	BASE FEE:			
TOTAL FEES:				