

BUSINESS LICENSE PERMIT APPLICATION

Please print or type in black ink.

1. APPLICANT INFORMATION

NAME OF APPLICANT			HOME TELEPHONE NO.	
HOME ADDRESS		CITY		STATE, ZIP CODE
DRIVER'S LICENSE NO. & EXPIRATION DATE		SOCIAL SECURITY NO.	BIRTHPLACE	DATE OF BIRTH
HEIGHT	WEIGHT	GENDER	HAIR COLOR	EYE COLOR

2. BUSINESS INFORMATION

NAME OF BUSINESS			BUSINESS TELEPHONE NO.	
BUSINESS ADDRESS		CITY		STATE, ZIP CODE

3. TYPE OF ORGANIZATION

Individual Partnership Corporation

4. IF OTHER THAN INDIVIDUAL, LIST THE NAMES AND ADDRESSES OF ALL OFFICERS AND/OR PARTNERS

NAME	ADDRESS	CITY	STATE, ZIP CODE

5. TYPE OF BUSINESS FOR WHICH BUSINESS IS REQUESTED

6. ITEMS OF MERCHANDISE TO BE SOLD

7. SOURCE OF MERCHANDISE TO BE SOLD IF OTHER THAN NEW

8. IS THE BUSINESS FOR WHICH A PERMIT IS REQUESTED THE PRIMARY BUSINESS AT THESE PREMISES?

<input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, WHAT PERCENTAGE OF THE TOTAL WILL E FROM THE BUSINESS COVERED BY THIS PERMIT?
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9. WHAT IS THE PRIMARY BUSINESS AT THIS LOCATION?

10. IS THIS A NEW BUSINESS AT THIS ADDRESS OR HAVE YOU PURCHASED AN EXISTING BUSINESS?

<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, GIVE THE NAME OF THE PREVIOUS OWNER AND THE NAME OF THE BUSINESS.
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11. HAVE YOU ENGAGED IN THIS TYPE OF BUSINESS IN ANOTHER AREA?

<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, LIST THE BUSINESS NAMES, ADDRESSES AND YEARS

12. LIST THE NAMES AND ADDRESSES OF AT LEAST THREE REFERENCES NOT RELATED BY BLOOD OR MARRIAGE

NAME	ADDRESS	CITY	STATE, ZIP CODE
NAME	ADDRESS	CITY	STATE, ZIP CODE
NAME	ADDRESS	CITY	STATE, ZIP CODE

13. HAVE YOU EVER BEEN ARRESTED AND CONVICTED FOR ANY OFFENSE OTHER THAN A TRAFFIC VIOLATION?

<input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, LIST DATES, OFFENSES AND PLACES

14. PROPERTY OWNER INFORMATION

NAME	TELEPHONE NO.		
ADDRESS	CITY	STATE, ZIP CODE	
PROPERTY OWNER SIGNATURE	NAME (PRINT)	DATE	

MANDATORY ATTACHMENTS

- Copy of applicant's valid driver's license
- Photograph of the applicant taken within 60 days immediately prior to the date of filing the application. Photograph must be at least 2" x 2" showing the head and shoulders of the applicant in a clear and distinguishing manner.

I DECLARE, UNDER PENALTY OF MAKING A FALSE STATEMENT, THAT THIS APPLICATION IS MADE BY ME, THAT I AM AUTHORIZED TO MAKE THIS APPLICATION AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS A TRUE, CORRECT AND COMPLETE STATEMENT.

SIGNATURE OF PARTNER OR OFFICER	NAME (PRINT)	DATE
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