

# Business License Application

Please fill in all lines, even if same as last year.

**Business Name** \_\_\_\_\_ **Business Address** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Nature of Business** \_\_\_\_\_

**Email Address** \_\_\_\_\_

- Are you a salon or barber shop? If so, please list number of stations/chairs. \_\_\_\_\_ n/a
- Are you a gas station? If so, please list the number of pumps. \_\_\_\_\_ n/a
- Are you a massage therapist? If so, please attach a copy of your state license. n/a

**Owner Partner President** (circle one)

**Name** \_\_\_\_\_ **Home Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Driver's License #** \_\_\_\_\_

**Manager** (if other than previously indicated)

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Home Address** \_\_\_\_\_

\_\_\_\_\_ **Building Owned** \_\_\_\_\_ **Building Leased** (provide name & address of property owner)

A separate license is required for all coin-operated machines, video machines, juke boxes & other amusement devices. Please list all machines and indicate owner/distributor name, address & phone number.

TYPE OF MACHINE	OWNER/DISTRIBUTOR NAME, ADDRESS & PHONE
_____	_____
_____	_____

**Applicant on behalf of business:**

- Understands that the business license requested hereunder shall not be issued unless ALL PORTIONS of this application have been completed.
- Understands that no business license shall be issued unless said business has been issued a Certificate of Occupancy permitting the operation of the business at the address on this application.
- Hereby agrees to abide by all ordinances pertaining to signs, banners, etc., to advertise/promote said business.
- Hereby certifies that the above statements are true, accurate and complete.

X \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_