



Application for Business License

Date: \_\_\_\_\_

Where is your primary business conducted? **Circle one.**      In-town    Out-of-Town

***Owner Information:***

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers Lic. #: \_\_\_\_\_

Last 4 of SS#: \_\_\_\_\_ Current Address: \_\_\_\_\_

Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Time at Address: \_\_\_\_\_ yrs. \_\_\_\_\_ mo.

Criminal Record: \_\_\_\_\_ if "Yes" Explain: \_\_\_\_\_

***Business Information:***

EIN: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Lease: \_\_\_\_\_ Own: \_\_\_\_\_ Does this business have multiple locations? Yes \_\_\_\_\_ No \_\_\_\_\_

List Owners/Governing Organizations of Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Operating Hours: \_\_\_\_\_

Describe the nature of the business to be conducted: \_\_\_\_\_

\_\_\_\_\_

ID Number (Electric/Plumbing/Roof/Mechanical/General): \_\_\_\_\_

\_\_\_\_\_  
Signature of Primary Applicant

\_\_\_\_\_  
Signature of Co-Applicant