



Business License Registration

*** (PLEASE ENSURE WE HAVE COPY OF YOUR CURRENT STATE LICENSE, AS WELL AS INSURANCE) ***

BUSINESS NAME:			
ADDRESS:	CITY:	STATE:	ZIP:
MAILING ADDRESS:	CITY:	STATE:	ZIP:
OWNER NAME:			
PHONE NUMBER:	FAX:	ALTERNATE #:	

SIGNATURE OF APPLICANT

Title

DATE

For Completion by City Personnel

License #: _____

Effective Date: _____ Expires: _____