



Application for Local Business Tax

Target Opening Date: _____

Please allow at least 10 days for processing

Partial Applications will not be accepted: Please type or print legibly

Choose type of Application: New Transfer Change of Address

***Please note: If a transfer, must present original receipt & evidence of sale*

Business Name: _____

Physical Business Address: _____

Is this a new Location? Yes No Change of Use? Yes No

Preferred Mailing Address: _____

Business Phone: _____ Emergency Phone: _____

Federal ID#: _____

Driver's License #: _____ State: _____ # of Employees: _____

Must provide a copy of current D.L.

Email Address: _____

What is the nature of the business to be licensed? _____

Owner's Name: _____ Home Phone: _____

Owner's Home Address: _____

Please provide one or a combination of the following:

_____ **General Liability Insurance**

_____ **Fictitious Name or Corp. Registration**

_____ **Worker's Compensation Insurance**

_____ **State License(s), if applicable**

_____ **Local Business Tax for which business resides**

Applicant's Signature

Date of Application

For Office Work only below this line

Zoning _____ Use Permitted Yes No

Verifier Initials: _____ Date: _____

Building Inspection: Approved Disapproved

Verifier Initials: _____ Date: _____

Fire Inspection: Approved Disapproved

Verifier Initials: _____ Date: _____

Building Official: Approved Disapproved

Verifier Initials: _____ Date: _____

Code Enforcement Officer

Date of Application