



Application for Business License

Application Date: _____

Please indicate reason for application: New Applicant Ownership Change
 Name Change Address Change

Name of Business: _____

Business Effective (Opening) Date: _____

Address: _____

Address 2: _____

City, ST, Zip: _____

Phone: _____

Fax: _____

911 Address: _____

Business Description: _____

Name of Owner: _____

Accountant's Name: _____

Accountant's Number: _____

Bonding Company: _____

Tax Id Number: _____

Please choose apply that apply:

- Beer on Premises Beer off Premises Beer on & off Premises
- Wine on Premises Wine off Premises Wine on & off Premises

Hotel or motel: Number (#) of Rooms _____

Beauty Salons & Barber Shops: Number (#) of Operators _____

Number (#) of Chairs _____

Restaurants: Number (#) of Seats _____

Applicant's Signature: _____