



Issued _____	Approved _____
Business License No: _____	
Application License Fee	
Other Fee	
Total	
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Bus. Code _____	
Receipt # _____	Date Rec'd _____
Zoning District _____	CUP # _____

**BUSINESS LICENSE APPLICATION
 TEMPORARY MERCHANT
 7 Day Maximum per Quarter**

Business Name _____

Business Owners Name _____ DOB _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Cell Phone Number _____

Federal ID _____ SSN or EIN _____

Date of Sale _____ Temp. Sales Tax # _____

Describe Business (Add additional pages as needed) _____

Location of Sale _____

Signature of Authorized Agent/Owner _____ Date _____

Property Owner Information (Owner Authorization must be obtained and attached as part of application)

Property Owners Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Cell Phone Number _____

CITY APPROVAL _____ **Date** _____