



BUSINESS LICENSE APPLICATION

LICENSE TYPE

New Renewal

Application Date _____

BUSINESS TYPE Please check all that apply

Home Occupation Commercial Business Contractor Assisted Living Center
 Retail Services Childcare/Preschool: Number of children _____
 Other: _____

BUSINESS INFORMATION

Name of Business (DBA) _____

DBA #** _____ Sales Tax #** _____

Federal Tax ID** _____ Professional License Required: Yes No

**Each business needs to provide documentation of DBA #, Federal Tax ID and Sales Tax #

Address _____

Phone # _____ Email _____

Owner _____

Number of Employees _____ FT Employees _____ PT Employees _____ Number of Vehicles _____

Description of Business _____

APPLICANT SIGNATURE

Under penalty of perjury, I hereby certify that the information provided in this application is complete and accurate. I further certify that updated information will be provided in writing and upon receiving a new application within 30 days of any change to the business name, organization or location. I also certify that I have read and understand the Elk Ridge City Code applicable to my business and that my business falls within the restrictions and parameters listed. (City Code Title 3: Business and License Regulations.)

Business License Applicant Signature

Date

SUBMITTAL INFORMATION (Office staff)

Received by: _____ Date: _____

Documentation Verified _____ Submitted To Mayor _____

Business License # _____