



# 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

**Bring copies of all applicable documentation of DBA #, Federal Tax ID and Sales Tax # with the application to the city office. Copies will be charged per fee schedule rate.**

Name of Business (DBA) \_\_\_\_\_

DBA/Entity #\*\* \_\_\_\_\_ Sales Tax #\*\* \_\_\_\_\_

Federal Tax ID\*\* \_\_\_\_\_ Professional License Required: ☐ Yes ☐ No

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 # \_\_\_\_\_