

Business Information

Business Name: _____

Business Address/ Telephone: _____

Type: Individual Partnership Corporation Foreign Corporation Firm Association

If Business is an Individual:

Name: _____ Business Title: _____
Last First

Residential Address: _____ Date of Birth _____
Street Address City State ZIP

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner "A"

Name: _____ Business Title: _____
Last First

Residential Address: _____ Date of Birth _____
Street Address City State ZIP

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Partnership: Partner "B" Attach additional sheets as required

Name: _____ Business Title: _____
Last First

Residential Address: _____ Date of Birth _____
Street Address City State ZIP

Telephone: Mobile _____ Residence _____ Email: _____

If Business is a Corporation:

Name of Business: _____

Business Address: _____
Street Address City State ZIP

Date and State whose laws organized the Corporation: _____

Must list name, address, and title of each Corporate Officer. Attach additional sheets as required.

Name: _____ Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

Name: _____ Title: _____
Last First

Residential Address: _____
Street Address City State ZIP

Office Use Only

Notes: _____

Office of City Clerk: **Approved** **Denied** _____
Signature Date

License number: _____ Date issued: _____ Expiration: December 31, _____