

Application for Business Registration

Application Date:	Application _ Fee \$20.00	Annual Renew Due by Dec 3 <u>\$20.00</u>	Charged
☐ Check if Home Occupation	*	*:	For Renewals After Jan 31
Legal Business Name (indicate if LLC, Inc., P.A., Corporation,	Sole Proprietorship, Partnersh	nip)	
Common Business Name / Doing-Business-As (DBA)	Type of Busin	iess (Medical, Retail,	Restaurant, Salon, etc.)
☐ Opt out of business information sharing (Business name, address, phone # won't be shared on City websit	<u> </u>	local newspaper) 🗆 🛭	her Licenses: Alcohol(CMB, DEL, Club, RL) Massage Therapy
Physical Local Address (street # & suite, city, state, zip	Zoning	District	Precious Metal/Pawn Solid Waste Collection
Mailing Address (if different from physical local addres	s)		
Local Business Phone # Business Fax #	Business E-m	nail Address (For Sta	aff Use & Notifications)
Days of Operation Hours of Operation Total	Square Footage	# Full Time Employees	# Part Time Employees
BUSINESS C	ONTACT INFORMA	TION	
Owner/Operator (primary contact) Address (stre	eet #, city, state, zip)		Cell Phone
Manager or Local Contact Address (street #, city, state, zip)			Cell Phone
Other Business Contact Address (stre	eet #, city, state, zip)		Cell Phone
If business is affiliated with a Corporation, Partnership	or Franchise, please cor	nplete the followin	ıg:
Name Address ((street #, city, state, zip)		Business Phone
ALARM & CLEANI (This information will be used by the Police Depar	ING SERVICE INFOI rtment to contact a responsible		n emergency)
Alarm Type (Check One): □None Burglar:	□Audible □Silent	Hold-Up: □\$	Silent
Alarm Company Name	Alarm Company Phon	ne After H	ours Phone (Emergency)
Cleaning Service Name	Cleaning Service Pho	ne After H	ours Phone (Emergency)
To Be Comple	eted by Development Mana	ger	
Email Group Notification List Spe	ecial Event Business List	Regist	tered Business Decal
Inspection of the second secon	Fire Department ection Date Approved		uilding Official tion Date Approved
DM & Zoning Comments:			