

# BUSINESS LICENSE APPLICATION



Name of Applicant: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Property Tax ID Parcel Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Federal EIN: \_\_\_\_\_

Sales Tax Number (STC Number): \_\_\_\_\_

Transient Room Tax (STR Number), if applicable: \_\_\_\_\_

Restaurant Tax Number (SPF Number), if applicable: \_\_\_\_\_

I hereby certify the above and foregoing information to be true and correct to the best of my knowledge, and that I am the current owner of record, or that I have attached hereto a notarized statement from the owner of record certifying his knowledge of my application for zone change, and my intended use of the property listed herein.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant