

City Business License Application Form - Retail Business

Business Name:

DBA (Doing Business As):

Business Address:

Business Phone:

Owner's Full Name:

Owner's Email:

Owner's Phone:

Owner's Address:

Business Structure:

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ LLC

Type of Retail Business:

Tax Identification Number (EIN/SSN):

Proposed Start Date:

Brief Description of Retail Offerings:

Compliance Statements:

- ☐ I confirm that the business location is in compliance with all city zoning requirements.
- ☐ I understand that additional state licensing may be required for certain retail goods.
- ☐ I declare the information provided is true and complete to the best of my knowledge.

Signature:

Date:

Submit Application