

# 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:**

e.g. Clothing, Grocery, Electronics

**Tax Identification Number (EIN/SSN):**

**Proposed Start Date:**

MM/DD/YYYY

**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:**

MM/DD/YYYY

Submit Application