

Sole Proprietorship Business License Application Form

Owner's Full Name

Owner's Home Address

Owner's Phone Number

Owner's Email Address

Business Name (Legal Name or DBA)

Business Address

Business Phone Number

Description of Business Activities

Business Start Date

Tax ID Number (if applicable)

Is your business location properly zoned for your intended use?

-- Select --



I hereby declare that the information provided above is true and accurate to the best of my knowledge and that I will comply with all local business laws and regulations.

Owner's Signature

Type full name

Date

Submit Application