



Business License Application For the Calendar Year 2023

Business Name: _____
Street Address: _____
P.O. Box: _____ **City:** _____
State: _____ **Zip Code:** _____
Business Manager: _____
Business Phone #: _____

Name of Owner: _____
Street Address: _____
P.O. Box: _____ **City:** _____
State: _____ **Zip Code:** _____

*** If Temporary or not your usual place of business, physical address of selling location**

Street Address: _____ **City:** _____
State: _____ **Zip Code:** _____

Please Attach Copies of the Following

Sales Tax #: _____
Federal Tax ID #: _____
Social Security #: _____
State ID #: _____
Professional License #: _____

Home Occupation \$40: _____ **Commercial \$90:** _____
Holiday Vendor \$50: _____ **Temporary \$30/Day:** _____

Alcohol License:

Class A \$100: _____ **Class B \$150:** _____ **Class C \$200:** _____ **CLASS D \$200:** _____

I _____ hereby agree to conduct business in accordance with
the laws and ordinances governing such business and swear, under penalty of law, the information
contained herein is true.

Signature: _____ **Date:** _____