

City of Walnut Grove Business License Application

NAME OF BUSINESS _____

ADDRESS _____

PHONE # _____ (Work) _____ (Cell)

COMPANY WEBSITE: _____ E-MAIL: _____

PERMISSION TO ADD BUSINESS INFORMATION TO CITY WEBSITE? _____ (Yes or No)

DESCRIPTION OF BUSINESS _____

APPLICANTS NAME _____

HOME ADDRESS _____

PHONE # _____

HOME OFFICE ADDRESS (If corporation or partnership)

NAMES, HOME ADDRESSES AND PHONE NUMBER OF OFFICERS AND DIRECTORS (If corporation)

STATE LICENSE # AND EXPIRATION DATE (if applicable) _____

We require a copy of the state license and driver's license

FEDERAL IDENTIFICATION # _____

HOME OCCUPATION ____ YES ____ NO

If your property is not zoned commercial, your business is considered a Home Occupation.

HAS THE APPLICANT, PARTNER, OFFICER OR DIRECTOR EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY VIOLATION OR ANY AND ALL LAWS AND ORDINANCES OF THE CITY, STATE OR FEDERAL GOVERNMENT? _____
(If yes, explain on reverse side)

All information furnished shall be kept in strict confidence by the city.

A false statement on this application shall be grounds for immediate revocation of such license.

If license is issued, the license is not transferable and is subject to be revoked if abused, with or without notice or hearing.

SIGNATURE OF APPLICANT _____ DATE _____

MAYOR

COUNCIL MEMBER

COUNCIL MEMBER

MAYOR PRO-TEM

COUNCIL MEMBER

ATTEST: CITY CLERK

Sworn and subscribed before me this _____ day of _____, 20_____

APPROVED _____

DENIED _____