

Application to Register Business

PLEASE PRINT

Business Name: _____

Federal Tax ID: _____ State Tax ID: _____

Type of Business: _____

Email Address: _____ Business Phone Number: _____

Service Address: _____

Mailing Address: _____

Location Usage, check all that apply:

Business Type:

Food Services

Salon/Beauty Services

Construction

Medical/Dental

Industrial/Manufacturing Storage Other (Be Specific): _____

Landlords Name: _____ Landlords Phone Number: _____

Landlord's Address: _____

Local Contact Information

Please List Two:

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Signature: _____

Date: _____

Office Use ONLY:

Lease Agreement: Yes No

Ownership Document: Yes No

Photo ID: Yes No

Contact Information: Yes No

Safety Inspection: Yes No

State Tax ID: Yes No