



# Application for Business License

## Clerk/Auditor's Office

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **P O Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Owner(s):** \_\_\_\_\_

**Description of Business:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Misc. Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Yearly Fee:** \_\_\_\_\_ **Clerk's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_