



#  
(For City Use Only)

# City of Banks Exempt Business License Application

<b>Business Name</b>		<b>Business Telephone #</b>
<input type="text"/>		<input type="text"/>
<b>Business Location Address</b>		<b>Suite or Apartment #</b>
<input type="text"/>		<input type="text"/>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Mailing Address (if different from business location)</b>		<b>Suite or Apartment #</b>
<input type="text"/>		<input type="text"/>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Business Owner or Corporation and Contact Name</b>		<b>Contact Telephone #</b>
<input type="text"/>		<input type="text"/>
<b>Business Owner Address</b>		<b>Suite or Apartment #</b>
<input type="text"/>		<input type="text"/>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Secondary Contact Telephone #</b>	<b>E-mail Address</b>
<input type="text"/>	<input type="text"/>

**Detailed Description of Business**

Please attach copies of state and county licenses.

## Type of Business

- |  |   |
|--|---|
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Partnership                |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Individual/Sole Proprietor |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Non-Profit                 |

## Business Category

- |  |   |
|--|---|
| <input type="checkbox"/> Accommodations & Food Services          | <input type="checkbox"/> Information                                |
| <input type="checkbox"/> Administrative/Temp Services            | <input type="checkbox"/> Professional/Scientific/Technical Services |
| <input type="checkbox"/> Adult Care                              | <input type="checkbox"/> Real Estate Rental & leasing               |
| <input type="checkbox"/> Agriculture/Forestry/Mining             | <input type="checkbox"/> Retail                                     |
| <input type="checkbox"/> Antiques/ 2 <sup>nd</sup> - Hand Goods  | <input type="checkbox"/> Security Services                          |
| <input type="checkbox"/> Arts, Entertainment, & Recreations      | <input type="checkbox"/> Transportation & Warehousing               |
| <input type="checkbox"/> Contractor CCB # _____<br>(attach copy) | <input type="checkbox"/> Utilities                                  |
| <input type="checkbox"/> Educational Services                    | <input type="checkbox"/> Wholesale/Trade                            |
| <input type="checkbox"/> Finance & Insurance                     | <input type="checkbox"/> Other: Describe: _____                     |
| <input type="checkbox"/> Health Care & Social Assistance         |   |

## Supplemental Applications

Depending on the type of business being conducted, additional applications and permits may be required. Please answer the questions below to determine if your business requires any supplemental applications.

Is this business located inside Banks city limits? Yes  No

Is this business being run out of a home or residence in Banks? Yes  No

*Home Occupation Permit Application* \_\_\_\_\_

Is this a mobile vending business?

OR

Will your business operate temporarily? Yes  No

*Mobile/ Temporary Business Permit Supplement* \_\_\_\_\_

## Fee

**Application Fee** **\$0.00**

Application fee waived for EXEMPT businesses that attach 501(c)3 or proof of tax exempt status.

The City requires a business license and fee in accordance with its revenue based program registry. Issuance of a City of Banks business license does not exempt a business owner, agent or operator from compliance with any other applicable Federal, State or Municipal laws; including the City's business recycling requirements. The undersigned declares under penalty of law that the information provided in this application is true. A copy of this application or information contained herein may be disclosed to requestors under the Public Records Law.

**Signature**

**Title**

**Date**