

GENERAL BUSINESS
LICENSE APPLICATION



Contact Information

Business Name _____ Business Phone Number _____

<u>Business Location</u>	<u>Mailing Address</u> (if different from Business Location)
Street Address: _____ _____	Street Address: _____ _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____

Business Owner or Corporation Contact Name _____

Business Owner Address _____

City _____ State _____ Zip Code _____

E-mail Address _____ Secondary Contact Phone # _____

Detailed Description of Business

Number of Employees: Full time _____ Part Time _____ Seasonal _____

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

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 location inside Banks city limits? Yes _____ No _____

Is this business being run out of a home or residence in Banks? Yes _____ No _____
If yes, complete *Home Occupation Permit Application*

Is this a mobile vending business?
OR

Will your business operate temporarily? Yes _____ No _____
If yes, complete *Mobile/Temporary Business Permit Supplement*

Fee

Application Fee – see fee schedule

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 _____

For Office Use Only: Date received: _____ Approved by: _____ Date approved: _____