



Business/Occupation License Application

New Renewal No Retail Sales

Federal ID # _____ Sales Tax # _____ KS Roofing Registration # _____

(Applicants must fill in Federal ID #, Sales Tax # for Retail sales and all other requested information.)

Name of Business: _____

Street Address: _____ Suite No.: _____ Email: _____

City/State/Zip: _____ Phone: () _____

Mailing Address: _____ City/State/Zip: _____

Business Owner(s) Name: _____

Home Address/City/State/Zip: _____

Cell Phone: () _____ Home Phone: () _____

Name of Emergency contact: _____ Position/title: _____

Address: _____ Phone: () _____

DESCRIPTION OF BUSINESS (Check appropriately)

General Business:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accommodation/Travel/Lodging | <input type="checkbox"/> Industrial | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Automotive/Sales/Repair/etc. | <input type="checkbox"/> Information Technology Service | <input type="checkbox"/> Service (specify) _____ |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Management | <input type="checkbox"/> Trucking/Transportation |
| <input type="checkbox"/> Contractor (specify) _____ | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Convenience Store/Gas Station | <input type="checkbox"/> Mobile Home Park | <input type="checkbox"/> Warehouse/Distribution Center |
| <input type="checkbox"/> Entertainment/Recreation | <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Wholesale |
| <input type="checkbox"/> Food/ Restaurant | <input type="checkbox"/> Non-Professional Services | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Health Care/Social Assistance | <input type="checkbox"/> Professional/Scientific/Technical | |
| | <input type="checkbox"/> Real Estate | |

Home Occupation (in City limits):

- Daycare
 Office
 Other (specify) _____

Business Physically located in Edwardsville (Y/N) _____

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

 Signature of Owner(s) or Corporate Agent/Owner

 Date

The filing of this application or the granting of a business license neither confirms nor approves the use of land as regulated under the provisions of the zoning code, and is further subject to all applicable federal, state and local laws and regulations which apply to specific occupations and businesses. Whenever several business classifications are applicable to a business, then said business, firm, or calling shall pay the highest classification herein.

APPLICATION/PAYMENT METHOD: Payment Enclosed: Check Number: _____ PYMT \$ _____

Charge to: accept AMEX, Visa, Master Card, or Discover

 Name (as it appears on the card)

 Signature

 Account Number

 Expiration Date

 Zip code

 CVV code

For Office Use Only: Approved by: _____ License #: _____ Receipt #: _____ Date: _____