



APPLICATION FOR BUSINESS LICENSE

APPLICANT INFORMATION

NAME			
PHONE		EMAIL	
ADDRESS			
	CITY:	STATE:	ZIP:

BUSINESS INFORMATION

NAME			
PHONE		EMAIL	
ADDRESS			
	CITY:	STATE:	ZIP:

BUILDING OWNER INFORMATION

NAME		PHONE	
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BUSINESS ACTIVITY:

Describe exact business activity at this location, stating major products and/or services sold: (retail restaurant, business office, etc.)

I hereby certify that I have read and examined this application and know the same to be true and correct

_____ PRINT NAME	_____ SIGNATURE	_____ DATE
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This information will be used to determine if a change of use is involved which may require additional code requirements. For further information

*Fire Marshal's Office: (931) 560-1740
Development Services: (931) 560-1560*