



Business License Application

Renewal

New Applicant



Business Information

Federal Tax ID# or S.S.N.# _____

Renewal City ID# _____

Name of Business _____

Business Address
Street Address _____ Apt./ Ste # _____ City _____ State _____ Zip _____

Mailing Address (If different from above)
Street Address _____ Apt./ Ste # _____ City _____ State _____ Zip _____

Phone # () _____ Cell # () _____ Fax # () _____

Email : _____

Nature/Type of Business _____

Location/Job Site you will be working at in City of Mt. Washington _____
(If Business is not located in Mt. Washington)

Ownership: (check one)
Corporation _____
Fiduciary _____
Ind. Owner _____
Partnership _____
Other _____

Number of Employees _____

Do you Hire Subcontractors _____
If yes, please list below or (yes or no)
supply a listing w/application: _____

Owner Information

Owner Name _____ Phone _____

Owner Address
Street _____ City _____ State _____ Zip _____

Name of each Officer, Partner, or Business Associates
Has the Owner or any Officer, Partner, Business Associate ever been convicted of a felony? Yes or No

Phone _____ Email: _____

Phone _____ Email: _____

Phone _____ Email: _____

Owner's previous address

(Only if owner has lived at above address less than 5 years - please provide previous address)

Owner Previous Address
Street _____ City _____ State _____ Zip _____

Vendors Only

Describe the merchandise to be sold _____

Signature

*****Please note: Application may not be processed if application is not completed in full.

Applicant Signature _____ Date _____

You will receive your business license certificate to the mailing address provided, once application is processed.

CERTIFICATE MUST BE POSTED

For Office Use Only

Amount Paid _____ (Payment Type) New Applicant - \$75.00
Date _____ Check Cash Credit Renewal Fee - \$75.00