



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
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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 _____

_____	Phone _____	Email: _____
_____	Phone _____	Email: _____
_____	Phone _____	Email: _____

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

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 <input type="checkbox"/>	Renewal Fee -	\$75.00
	Cash <input type="checkbox"/>		
	Credit <input type="checkbox"/>		