

PLEASE TYPE OR PRINT CLEARLY

No. _____

**CERTAIN BUSINESSES AND OCCUPATIONS
APPLICATION FOR MERCANTILE LICENSE**

1. INDICATE: INITIAL APPLICATION _____ RENEWAL APPLICATION _____ CHANGE IN OWNERSHIP _____

2. DATE: _____

3. APPLICANT'S NAME: _____

4. PERMANENT HOME ADDRESS* _____

TRADE NAME OR FIRM: _____

BUSINESS STREET ADDRESS* _____

BUSINESS MAILING ADDRESS* _____

TELEPHONE: HOME _____ BUSINESS _____

5. IS APPLICANT TRADING AS INDIVIDUAL, PARTNERSHIP, OR OCCUPATION? (CIRCLE ONE)
6. IF PARTNERSHIP OR CORPORATION, LIST NAMES AND ADDRESSES* OF EACH PERSON OWNING 10% OR MORE ON ATTACHED FORM.

a) If applicant is a corporation, submit a copy of certificate of incorporation

b) List names, addresses* and officers/titles/registered agents:

7. INCLUDE CERTIFICATE WITH NAME AND ADDRESS OF INSURANCE COMPANY PROVIDING APPLICANT PUBLIC LIABILITY INSURANCE, POLICY NUMBER, EXPIRATION DATE AND AMOUNT (at least \$500,000.00 combined single)

8. DESCRIPTION OF BUSINESS: _____

9. LOCATION OF BUSINESS: _____

BLOCK # _____ LOT # _____

OWN? _____ RENT? _____

The undersigned does hereby certify that the statements above given are true and to the best of my knowledge, and that I will comply with all lawful regulations

***P.O. Box not sufficient**

SIGNATURE OF OWNER, OFFICER, OR REPRESENTATIVE

DO NOT WRITE BELOW / TAX COLLECTOR ONLY

The following taxes are paid: _____

The following taxes are not paid: _____

The following water/sewer fees are paid: _____

The following water/sewer fees are not paid: _____

Tax Collector or Designee

FOR OFFICE USE ONLY

Date Received : _____ Fee : _____ Cash _____ Check _____

APPROVED: _____ DENIED: _____ *REASON: _____

FEE: \$50.00 NEW LICENSE \$30.00 RENEWAL

(1/2 FEE FOR LICENSE ISSUED BETWEEN SEPTEMBER 15 AND MARCH 15)