

NEW COMMERCIAL / BUSINESS APPLICATION

OWNER OF PROPERTY

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP _____

PHONE NUMBER: _____

OWNER OF BUSINESS

NAME: _____

E-MAIL: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

NEW BUSINESS INFORMATION

CERTIFICATE OF OCCUPANCY # _____

NAME OF BUSINESS: _____

ADDRESS: _____

TYPE OF BUSINESS: _____

TYPE OF SERVICE OFFERED: _____

SALES TAX I.D. # _____ FEDERAL TAX I.D. # _____

FOR