



City of

# SUMMERSET

A GREAT PLACE TO CALL HOME

## BUSINESS LICENSE APPLICATION

**General Information (Please Print):**

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Primary Contact Person(s) \_\_\_\_\_

Local Address \_\_\_\_\_

Local Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Office Address (if applicable) \_\_\_\_\_

Home Office Phone (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

After Hours Contact \_\_\_\_\_ Phone \_\_\_\_\_

Sales Tax License Number: \_\_\_\_\_

Is the building alarmed?  Yes  No Building is  Owned  Leased

If leased, please provide building owner's signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Business License Fees:	
<input type="checkbox"/> New Business License	\$100
<input type="checkbox"/> Annual Renewal	\$50

I certify the above information is true and correct:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid _____
Date Paid _____	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card