



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:

- ☐ New Business License \$100
☐ Annual Renewal \$25

I certify the above information is true and correct:

Applicant Signature

Date

FOR OFFICE USE ONLY

Paid: ☐ Yes ☐ No

Amount Paid _____

Date Paid _____

Payment Type: ☐ Cash ☐ Check ☐ Credit Card