



Business Information

Federal Tax ID# or S.S.N.# _____ Renewal City ID# _____

Name of Business _____

Business Address _____
Street Address Apt./ Ste # City State Zip

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 _____

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

PAYMENT DOES NOT ASSURE APPROVAL OF APPLICATION. A CERTIFICATE WILL BE MAILED UPON APPROVAL AND MUST BE RECEIVED AND POSTED PRIOR TO BUSINESS OPERATION.

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"/>		