

Administrative Manual

Master Card for Business License Record

NAME OF OWNER(S)			YEAR	LICENSE NUMBER	LICENSE FEE	PENALTY	VETS EXEMPT	NET PAID	ISSUING DEPUTY
TYPE OF BUSINESS:									
BUSINESS ADDRESS:									
BUSINESS TELEPHONE:									
MAIL ADDRESS:									
INTER-DEPARTMENTAL CLEARANCES REQUIRED									
DEPT.	SIGNATURE OF CLEARING OFFICIAL	DATE							
Health									
Zoning									
Building									
Planning									
Electrical									
Fire									
Clerk									

APPLICANT'S SIGNATURE

DATE

TRANSFERS OF OWNERSHIP	TRANSFER OF BUSINESS LOCATION
New Owner _____	Owner _____
Business Address _____	New Business Address _____
City _____ Phone (____) _____	Date of Transfer _____
DATE ENTERED BUSINESS _____	Remarks: _____
TERMINATION DATE _____	_____
REASON FOR CHANGE _____	_____