

BUSINESS LICENSE APPLICATION

APPLICATION NO. _____ **ANNUAL LICENSE FEE DUE MAY 1ST: \$**_____

(PLEASE TYPE OR PRINT)

1. Applicant's Name: _____ PHONE () _____
2. Applicant's Address _____
City _____ State _____ ZIP _____
3. Length of resident at above address _____ years _____ months
4. Applicant's Date of Birth ____/____/____ Social Security No. _____
5. Marital Status _____ Name of Spouse _____
6. Citizenship of Applicant _____
7. Business Name _____ PHONE () _____
8. Business Address _____
City _____ State _____ ZIP _____
9. Length of Employment _____ years _____ months
10. All residences and addresses for the last three (3) years if different than above:

11. Name and Address of employers during the last three (3) years if different than above:

12. List the last three (3) municipalities where applicant has carried on business immediately preceding the date of application:

13. A description of the subject matter that will be used in the applicant's business:

14. Has the applicant ever had a license in this municipality? [] Yes [] No
If so, when _____
15. Has a license issued to this applicant ever been revoked? [] Yes [] No
If "yes", explain: _____
16. Has the applicant ever been convicted of a violation of any of the provisions of this Code, etc.? [] Yes [] No
If "yes", explain: _____
17. Has the applicant ever been convicted of the commission of a felony? [] Yes [] No
If "yes", explain: _____
18. LICENSE DATA: Term of License _____
 Fee for License \$ _____
 Sales Tax Number _____
 License Classification _____
19. LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS (PERMANENT):

CITY OF BENTON

SELLER'S INFORMATION

The following information must be completed for every person who will be in contact with the public for the purposes of stocking, transporting, delivering, and/or selling the goods, wares or merchandise. Any new individuals must have a complete information form on file with the City Clerk's office within 24 hours of beginning work.

Name of Applicant _____

Home Address of Applicant _____

City _____ State _____ Zip _____

Local Address of Applicant _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Local Phone (_____) _____

Driver's License # _____ State of Issuance _____

Date of Birth _____ Place of Birth _____

Please list your home address(es) for the past two years and the length of time you lived at each address:

- 1. _____ How Long? _____
- 2. _____ How Long? _____
- 3. _____ How Long? _____
- 4. _____ How Long? _____

Have you ever been convicted of a criminal offense or ordinance violation (other than a traffic violation) in any jurisdiction? _____ Yes _____ No. If yes, please list each individual offense and/or violation, the date and the prosecuting jurisdiction. Attach additional sheet(s) if necessary:

CERTIFICATION

I, the undersigned, do hereby certify that to the best of my knowledge and belief the above information is true, correct, and complete. I understand that failure to correctly and completely answer the above questions will be cause for denial of this license.

Signature of Applicant

Date

(Please contact the City Clerk's Office for additional copies of this page.)