



**P.O. Box 785(121 S. MAIN ST)  
 Waukomis, OK 73773  
 Office - 580-758-3242  
 Fax - 580-758-3242  
 Internet:  
 www.waukomisok.org**

FOR CITY USE ONLY	
NAICS CODE _____	ZONING _____
FIRE _____	PLANNING _____

## BUSINESS LICENSE APPLICATION

Occupational

Professional

<b>Business Information</b>	♦ Trade (DBA) Name of Business				
	♦ Taxpayer Name (Owner(s), Partner(s), or Corporation name)				
	♦ Business Location Address (No PO Box)		♦ City	♦ State	♦ Zip + 4
	♦ Mailing Address		♦ City	♦ State	♦ Zip + 4
	♦ Local Business Phone	♦ Local Fax	♦ Main Office Phone	♦ Main Office Fax	
	♦ Main Office Email		♦ Federal Identification Number		
	♦ Contact Name		♦ Sales Tax Number		
	♦ Contact Phone Number	♦ Contact Fax	♦ Contact Cell Phone Number		
	♦ Contact Email				

<b>Ownership Information</b>	♦ Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Other Non Profit <input type="checkbox"/> Other _____					
	♦ COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (use additional sheet if necessary)					
	1) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone
	2) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone
	3) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone

(Complete Reverse Side of this page)

**General Business Info**

(Businesses located in a commercial area of the Town must fill out all items in this section)

♦ Specify Items sold and/or services Performed:					
♦ Type of Business (check all that apply)					
<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Home Occupation
<input type="checkbox"/> Communications	<input type="checkbox"/> Medical	<input type="checkbox"/> Mail/Internet Order	<input type="checkbox"/> Leasing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Office Only
♦ Start Date of Business	♦ Square feet of Location	♦ Number of Employees at Location	Hours of Operation	♦ Managers Name at Location	
♦ Do you own or lease your building? <input type="checkbox"/> Own <input type="checkbox"/> Lease					
♦ Owner of Building Name:					
♦ Owner of Building Address:			♦ City	♦ State	♦ Zip + 4
♦ Building Owner Phone Number	♦ Building Owner Fax		♦ Building Owner Email		

**Emergency Information**

♦ 24 Hour Emergency Contact Name:		
Emergency Phone Number	Emergency Cell Phone Number	
♦ 24 Hour Emergency Contact Name (Alternate):		
Emergency Phone Number	Emergency Cell Phone Number	

**Alarm System**

♦ Company Name who monitors Alarm:		
♦ Company Address:	♦ City	♦ State ♦ Zip + 4
Phone Number	Activated <input type="checkbox"/> Not Activated <input type="checkbox"/> Not Applicable <input type="checkbox"/>	

**Signature**

Notice: This license will be revoked if this form and all the requirements for occupancy approval is not completed in the time specified by the Inspectors. I hereby certify that the above information is true and correct; that I am familiar with the zoning ordinances governing the Business use within the Town of Waukomis and will observe and conform in all respects to said ordinances. I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.	
♦ Date	♦ Printed Name
♦ Applicants Signature	