

Date Rec'd _____	COMMERCIAL BUSINESS LICENSE APPLICATION West Point City – 3200 West 300 North 776-0970 Fax – 525-9150	License # _____
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Business Name:

Location for this Business:	City,ST,Zip:
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Mailing/Billing Address:	City,ST,Zip:
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Local Bus Phone #:	Emergency Phone #:	Fax #:	E-Mail Address:
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Property Owner Name:	Property Owner Phone:
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Type of Organization:	Corporation Partnership Proprietorship
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Owner's Name:	Title:	SS #:	DOB:
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Address:	Phone #:	DL #:
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Co-Owner:	Title:	SS #:	DOB:
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Address:	Phone #:	DL #:
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Co-Owner:	Title:	SS #:	DOB:
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Address:	Phone #:	DL #:
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Agent:	Title:	SS #:	DOB:
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Agent Address:	Phone #:	DL #:
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Detailed Description of Business Activities:

Projected Opening Date:	Hours of Operation:	Days of Operation:
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New Business? Y / N	Relocated? Y / N	State License #:
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Beer / Alcohol / Liquor Sales? Y / N

I do hereby confirm that the above information submitted is a correct and true reflection of the owners, Applicants, and the business. I agree to ensure that business is conducted strictly in accordance with the provisions of the ordinances, statues and laws governing the operation of the business within the jurisdiction the business is located. I understand that this application is subject to review and approval of several agencies and departments and business should not commence prior to the issuance of the business license certificate.

Signature: _____	Date: _____	Title: _____
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