



Application/Renewal Business Sales Tax License

PLEASE PRINT OR TYPE

Legal Name of Business: _____

Business Located at: _____
Street City Zip

Business Phone Number: _____ - _____ - _____ Cell Number: _____ - _____ - _____

E-mail: _____

Mailing Address: _____
Street City Zip

Type of Ownership: ___ Individual ___ Partnership ___ Corporation

Names and Home Addresses of Owner, Partners or Officers of Business:

| <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> | <u>TITLE</u> |
|-------------|----------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Name and Address of Manager if Different than Owner:

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

Type of Business: *(What do you sell?)* _____ Type of Service: _____

State Sales Tax Number: (Include copy) _____

Authorized Signature _____ Title _____

Office Use Only: DATE: _____ FEE: \$20.00 _____ Cash _____ Check # _____

Code Reference 5-2-1