



City of Aumsville

BUSINESS LICENSE APPLICATION

Name of the Proposed Business: _____

Business Address: _____

Mailing Address, if different: _____ Business Phone: _____

Description of the business requested: (trade, shop, business, profession) _____

Business gross floor area: _____ Will this business require a loading area? _____

Number of parking spaces existing: _____ Proposed new: _____ Number of business employees: _____

Will this business need any signs? _____ Sign Permit Application Filed? _____

Is State Registration, bonding or insurance required: _____

If so, indicate registration, bond or insurance carrier and number(s) and expiration date: _____

Do you want your business name published in the City of Aumsville Business Directory? _____

I hereby agree to abide by all Federal, State and Local laws and ordinances in the operation of my business.

Printed Property Owner's Name: _____

ODL#: _____ Home Phone: _____

Owner's Address: _____

(street)

(mailing)

Signature of Property Owner: _____ Date: _____

Printed Applicant's Name & Title: _____

ODL# _____ Phone: _____

Applicant's Home Address: _____

(street)

(mailing)

Signature of Applicant: _____ Date: _____

Approved: _____

Denied: _____

City Administrator's Signature

Outright Permitted Use? _____

Site-Development Review Approved? _____

Date

Business Directory: _____

Web Directory: _____