



City of

SUMMERSET

A GREAT PLACE TO CALL HOME

BUSINESS LICENSE APPLICATION

General Information (Please Print):

Business Name _____ Date _____

Primary Contact Person(s) _____

Local Address _____

Local Business Phone _____ Cell Phone _____

Home Office Address (if applicable) _____

Home Office Phone (if applicable) _____ Email _____

Mailing Address _____

After Hours Contact _____ Phone _____

Sales Tax License Number: _____

Is the building alarmed? Yes No Building is Owned Leased

If leased, please provide building owner's signature:

Signature

Date

Printed Name _____

Business License Fees:	
<input type="checkbox"/> New Business License	\$100
<input type="checkbox"/> Annual Renewal	\$25

I certify the above information is true and correct:

Applicant Signature

Date

FOR OFFICE USE ONLY

Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid _____
Date Paid _____	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card