

CITY OF GREEN RIVER

APPLICATION FOR BUSINESS LICENSE

DATE OF APPLICATION _____ RECEIPT NO _____

BUSINESS NAME _____ BUSINESS TYPE _____

LOCATION _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE 1: _____ TELEPHONE 2: _____ FAX: _____

E-MAIL: _____

MAILING ADDRESS: _____ ATTENTION _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS CLASSIFICATION

CORPORATION

PARTNERSHIP

LIMITED LIABILITY COMPANY

SOLE PROPRIETOR

NAMES, BIRTHDATES, SSN OF ALL PARTNERS, OFFICERS AND DIRECTORS

OWNER NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY NO _____

ADDRESS _____ CITY _____ STATE _____

TELEPHONE 1: _____ TELEPHONE 2: _____

MANAGER NAME _____

ADDRESS _____ CITY _____ STATE _____

SALES TAX ID: _____

FEDERAL ID: _____

STATE ID: _____

INSPECTIONS AND APPROVALS

DEPARTMENT SIGNATURE	DATE INSPECTED	DATE APPROVED	**DISAPPROVED
ZONING ADM			
BUILDING			
HEALTH			
FIRE			
PLANNING COMMISSION			
BOARD OF ADJUSTMENT			

**COMMENTS _____

LICENSE ISSUED: _____
DATE NUMBER