Providence City
Business License Application

( ) New
( ) Change of:
□ Name □ Location

Type of Business:
□ Home Occupation
□ Home Business
□ Commercial

Fee _____
Date Paid_____
Receipt #_____
License #_____
Date Issued_____

Business Information:
Business Name _____
Business Address _____
Business Mailing Address (if different _____
Contact Person (if other than owner) _____
Business Phone No._____Fax No._____No. of employees _____

Owner Information:
Owner's Name_____
Owner's Address_____
Owner's Phone No._____Cell No._____

Type of Organization:
□ Sole Proprietorship □ Partnership □ Corporation □ LLC Other_____

Sales Tax ID#_____ Federal ID: □SSN or □ EIN_____
Professional License/State Contractors # (if applicable _____

Please describe your business:_____
_____
_____

Notification of Neighbors (for home based businesses)
Please obtain the signatures of immediate neighbors, informing them of the location and nature of the business you will be conducting.

Name Address Date
_____
_____
_____

I/We hereby agree to conduct said business strictly in accordance with the business license regulations as set forth in the Providence City Code, and swear under penalty of law the information contained herein is true.

_____ _____
Signature of Owner/Authorized Agent Date

Approvals		Comments or Conditions
( )Zoning Division_____	Date_____	_____
( )Code Compliance_____	Date_____	_____
( )Fire Dept._____	Date_____	_____
( )Building Dept._____	Date_____	_____