



CITY OF STANLEY

MUNICIPAL BUSINESS LICENSE APPLICATION

AS REQUIRED BY ORDINANCE #134 OF THE CITY OF STANLEY

Name of Business: _____

Location of Business: _____

Phone Number of Business: _____

Mailing Address of Business: _____

Name of Owner(s): _____

Residence of Owner(s): _____

Phone Number of Owner(s): _____

Mailing Address of Owner(s): _____

Type of Business: _____

If Seasonal, which months? _____

Year Business was established? _____

Email Address: _____

Sales Tax Number: _____

Describe Business Operation: _____

I have had a similar Business and/or Occupation License revoked or suspended:

Yes ____ No ____

If yes, state reasons and final action taken: _____

The Applicant agrees in the event of a dispute concerning the interpretation or enforcement of the Stanley Business Permit Application in which the City of Stanley is the prevailing party to pay the reasonable attorney fees, including attorney fees on appeal, and expenses of the City of Stanley.

I hereby acknowledge I have filled in this application accurately to the best of my knowledge; I will operate the business for which this license is sought in compliance with all pertinent Federal, State and Municipal laws, ordinances, rules and regulations; I have no fees, charges, assessments or other obligations due to the City except current taxes.

Signature of Owner(s) or Authorized Agent _____

Date _____

Office Use Only:

Approved / Denied _____

Permit Date: _____

Building Dept. Okay: _____

Fire Department Okay: _____ Date Issued: _____

Permit Fee: \$25.00 Paid: _____

Clerk's Signature: _____