

CITY OF WALNUT GROVE BUSINESS LICENSE APPLICATION

NAME OF BUSINESS _____
ADDRESS _____
PHONE # _____
DESCRIPTION OF BUSINESS _____

APPLICANTS NAME _____
HOME ADDRESS _____
PHONE # _____

HOME OFFICE ADDRESS IF CORPORATION OR PARTNERSHIP

NAMES, HOME ADDRESSES AND PHONE NUMBERS OF PARTNERS

NAMES, HOME ADDRESSES AND PHONE NUMBER OF OFFICERS AND DIRECTORS IF CORPORATION

STATE LICENSE # AND EXPIRATION DATE (if applicable) _____
WE REQUIRE A COPY OF THE STATE LICENSE AND DRIVERS LICENSE

If your property is not zoned commercial, your business is considered a Home Occupation.
HOME OCCUPATION _____ YES _____ NO

HAS THE APPLICANT, PARTNER, OFFICER OR DIRECTOR EVER BEEN ARRESTED AND/OR CONVICTED FOR ANY VIOLATION OR ANY AND ALL LAWS AND ORDINANCES OF THE CITY, STATE OR FEDERAL GOVERNMENT? _____ (IF YES, EXPLAIN ON REVERSE SIDE)

ALL INFORMATION FURNISHED SHALL BE KEPT IN STRICT CONFIDENCE BY THE CITY.

A FALSE STATEMENT ON THIS APPLICATION SHALL BE GROUNDS FOR IMMEDIATE REVOCATION OF SUCH LICENSE.

IF LICENSE IS ISSUED, THE LICENSE IS NOT TRANSFERABLE AND IS SUBJECT TO BE REVOKED IF ABUSED, WITH OR WITHOUT NOTICE OR HEARING.

SIGNATURE OF APPLICATION _____ DATE _____

MAYOR

MAYOR PRO-TEM

COUNCIL MEMBER

COUNCIL MEMBER

COUNCIL MEMBER

ATTEST: CITY CLERK

Sworn and subscribed before me this _____ day of _____

APPROVED _____ DENIED _____