



# City of Piedmont Business Application

**\$50.00 per each business per year (January 1 or present year to January 1 of following year)**

Owner's Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

<u>Physical Addresses</u>	<u>Mailing Address (If Different)</u>
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____

Business Type: \_\_\_\_\_

OK Sales Tax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Will you be serving alcoholic beverages at your business?  Yes  No

**If yes, please complete the Alcoholic Beverages Permit Application.**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **Office Use Only** \*\*\*\*\*

- \$50.00 Fee Received
- Copy of Valid Driver's License
- Copy of State Tax Commission License
- Copy of State Health Department (If serving food)

Receipt Number: \_\_\_\_\_

Date Posted: \_\_\_\_\_