

**CITY OF BEECH GROVE LICENSE APPLICATION**

Type \_\_\_\_\_ Ord. No. \_\_\_\_\_

Business Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Doing Business As \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

State of Incorporation \_\_\_\_\_ Length of Time in Business \_\_\_\_\_

Previous Locations (If applicable) \_\_\_\_\_

**Partners, Corporate Officers and/or Resident Agent:**

NAME ADDRESS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Have all Business Taxes been paid? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, explain) \_\_\_\_\_

Insurance Liability Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Have any of the Partners, Officers or Individuals ever had a business license denied, suspended, or revoked by a City, County or State? \_\_\_\_\_ If Yes, explain \_\_\_\_\_

**Persons working in area:**

NAME ADDRESS SOC. SEC. NO. DATE OF BIRTH

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Vehicles Used:**

COLOR YEAR MAKE LICENSE NO. STATE OWNER

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Business to be Licensed:**

NAME ADDRESS

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Description of Business or Activity: \_\_\_\_\_

Is Company or Business registered with the Better Business Bureau? \_\_\_\_\_

I do hereby agree to abide by the provisions of Ordinance No. \_\_\_\_\_

I wish to purchase a copy of Ordinance No. \_\_\_\_\_

The above information is true and correct to the best of my knowledge

PERSON MAKING APPLICATION ADDRESS SOC. SEC. NO. DATE OF BIRTH

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

APPROVE \_\_\_\_\_ DISAPPROVE \_\_\_\_\_

Chief of Police \_\_\_\_\_ Date \_\_\_\_\_

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

APPROVED BY BOARD OF WORKS & SAFETY: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_