

Bettendorf

1609 State Street Bettendorf, IA 52722

PLEASE PRINT OR TYPE

THIS APPLICATION MUST BE FILED BEFORE ENGAGING IN BUSINESS IN THE CITY OF BETTENDORF.

Check one: <input type="checkbox"/> Permanent <input type="checkbox"/> Special event name & dates:		Number of square feet:		For Office Use Only								
Check one: <input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Renewal			Previous City License #		License Fee							
Check any that apply: <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change			Current City License #			License #						
SECTION I. BUSINESS INFORMATION												
Business Name (Individual, Company or "DBA", first name first)						Business Class						
Street No. (N,E,S,W)		Street Name		Ste/Apt #		Approvals						
City.		State ZIP Code + 4		Area Code Business Telephone #			Fire Department					
Start Date		E-mail address		State License #		Federal ID #		Zoning				
SECTION II. MAILING ADDRESS & PHONE NUMBER												
Enter Name if Different from Section 1 (above) or Enter "In-Care-Of" Name						Building						
Street No. (N,E,S,W)						Street Name		Type Ste/Apt #		Police Department		
City.						State ZIP Code + 4		Area Code Telephone #		City Clerk		
SECTION III. BUSINESS OWNERSHIP & EMERGENCY CONTACT												
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. - State Inc. <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other												
Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)			Name				Title					
			Home Address				Social Security #					
			City			State		ZIP Code		Phone No. ()		
			Name				Title					
			Home Address				Social Security #					
			City			State		ZIP Code		Phone No. ()		
Corporate or LLC Registered Agent			Name				Phone No. ()					
			Address			City		State		ZIP Code		
Emergency Contact Information			Name				Phone No. ()					
			Address			City		State		ZIP Code		
SECTION IV. BUSINESS TYPE												
Business Type			<input type="checkbox"/> Retail Sales <input type="checkbox"/> Tree Surgeon <input type="checkbox"/> Automobile Dealer <input type="checkbox"/> Home Occupation <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Junk Dealer <input type="checkbox"/> Auctioneer <input type="checkbox"/> Service Station <input type="checkbox"/> Wholesales <input type="checkbox"/> Grocery Store <input type="checkbox"/> Other									
			Describe Nature of Business								Contractors #	
Section V. BUSINESS PREMISES STATUS												
Check one:			Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No									
			If no, complete Landlord/Property Manager information									
			Landlord/Property Manager Name			Address			Phone # ()			
Check one:			Do you rent a portion of the business premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No									

I certify that the statements made in this application are true and complete to the best of my knowledge, I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all fees due by me to the city, incomplete forms may not be processed.

Print Name	Signature	Title	Date
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