

# 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.

<b>Check one:</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Special event name & dates:		<b>Number of square feet:</b>		<b>For Office Use Only</b>	
<b>Check one:</b> <input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Renewal			Previous City License #		
<b>Check any that apply:</b> <input type="checkbox"/> Name Change Only <input type="checkbox"/> Location Change			Current City License #		License Fee
<b>SECTION I. BUSINESS INFORMATION</b>					License #
Business Name (Individual, Company or "DBA", first name first)					
Street No. (N,E,S,W)		Street Name		Ste/Apt #	
City.		State		ZIP Code + 4	
				Area Code	
				Business Telephone #	
Start Date					E-mail address
State License #					Federal ID #
<b>SECTION II. MAILING ADDRESS &amp; PHONE NUMBER</b>					
Enter Name if Different from Section 1 (above) or Enter "In-Care-Of" Name					
Street No. (N,E,S,W)		Street Name		Type Ste/Apt #	
City.		State		ZIP Code + 4	
				Area Code	
				Telephone #	
<b>SECTION III. BUSINESS OWNERSHIP &amp; EMERGENCY CONTACT</b>					
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					
<b>Owners, Partners, LLC Members, or Officers</b> (For Additional Names, Please Attach List)	Name			Title	
	Home Address			Social Security #	
	City		State		ZIP Code
	Name			Title	
	Home Address			Social Security #	
	City		State		ZIP Code
<b>Corporate or LLC Registered Agent</b>	Name			Phone No. (    )	
<b>Emergency Contact Information</b>	Name			Phone No. (    )	
	Address			City	
				State	ZIP Code
<b>SECTION IV. BUSINESS TYPE</b>					
<b>Business Type</b>		<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			
<b>Describe Nature of Business</b>		Contractors #			
<b>Section V. BUSINESS PREMISES STATUS</b>					
<b>Check one:</b>		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 # (    )	
		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	