

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 #		
City.		State		ZIP Code + 4		Approvals
				Area Code Business Telephone #		
Start Date		E-mail address		State License #		Fire Department
				Federal ID #		
SECTION II. MAILING ADDRESS & PHONE NUMBER						
Enter Name if Different from Section 1 (above) or Enter "In-Care-Of" Name						Zoning
Street No. (N,E,S,W)		Street Name		Type Ste/Apt #		
City.		State		ZIP Code + 4		Building
				Area Code Telephone #		
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 <small>(For Additional Names, Please Attach List)</small>	Name			Title		
	Home Address			Social Security #		
	City		State		ZIP Code	
	Name			Title		
	Home Address			Social Security #		
	City		State		ZIP Code	
Corporate or LLC Registered Agent			Name		Phone No. ()	
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 # ()		
		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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BETTENDORF BUSINESS FILES

For Bettendorf Police Department Use Only

Business Name: _____

Business Address: _____

Business Phone Number: _____

Business Hours: _____

Alarm Company: _____
Burglar
Fire

After Hour Contact: _____
Name #1 _____
Cell Phone _____
Home Phone _____

After Hour Contact: _____
Name #2 _____
Cell Phone _____
Home Phone _____

After Hour Contact: _____
Name #3 _____
Cell Phone _____
Home Phone _____

Date Updated: _____

Updated By: _____