INSTRUCTIONS TO APPLY FOR A BETTENDORF BUSINESS LICENSE

Please complete the business license application and return with payment by placing it in the Payment Drop Box located in the City Hall lobby or send to Michelle Spencer via mail, email or facsimile (contact info below). If paying by check, please make your check payable to the City of Bettendorf, or you may pay over the phone with a credit card, Visa, MC or Discover.

For the proper fee, please visit our website at www.bettendorf.org and click on City Code, Title 3, or contact Michelle Spencer (contact info below)

This application may be used for the following businesses:

- Retail/Wholesale
- Hotel/Motel
- Auctions/Auctioneers
- Closing or Going Out of Business Sales
- Pawnbrokers/Secondhand Goods Dealers
- Tree Surgeons
- Car Dealers
- Vehicles for Hire
- Mobile Food Units
- Massage Businesses
- Reflexology Businesses
- Home Occupation

If you have further questions, please feel free to contact Michelle Spencer at 563-344-4013 or mspencer@bettendorf.org

Mailing Address: City of Bettendorf
Michelle Spencer
1609 State St.
Bettendorf, IA 52722

Facsimile: 563-344-4012
### 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.**

<table>
<thead>
<tr>
<th>Check one:</th>
<th>Permanent</th>
<th>Number of square feet:</th>
<th>For Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check one:</td>
<td>New Business</td>
<td>New Owner of Existing Business</td>
<td>Renewal</td>
</tr>
<tr>
<td>Check any that apply:</td>
<td>Name Change Only</td>
<td>Location Change</td>
<td>Current City License #</td>
</tr>
</tbody>
</table>

### SECTION I. BUSINESS INFORMATION

- **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 #**

### SECTION II. MAILING ADDRESS & PHONE NUMBER

- **Building**
- **Street No.** (N.E.S.W)
- **Street Name**
- **Type**
- **Ste/Apt #**
- **City:**
- **State:**
- **ZIP Code + 4**
- **Area Code**
- **Telephone #**
- **Comments**

### SECTION III. BUSINESS OWNERSHIP & EMERGENCY CONTACT

- **Ownership:** Individual
- **Owners, Partners, LLC Members, or Officers**
- **Name**
- **Title**
- **Home Address**
- **City:**
- **State:**
- **ZIP Code**
- **Social Security #**
- **Phone No. ( )**
- **Name**
- **Title**
- **Home Address**
- **City:**
- **State:**
- **ZIP Code**
- **Social Security #**
- **Phone No. ( )**
- **Corporate or LLC Registered Agent**
- **Name**
- **Phone No. ( )**
- **Emergency Contact Information**
- **Name**
- **Phone No.**
- **Phone No. ( )**
- **Address**
- **City:**
- **State:**
- **ZIP Code**

### SECTION IV. BUSINESS TYPE

- **Business Type**
- **Describe Nature of Business**
- **Contractors #**

### SECTION V. BUSINESS PREMISES STATUS

- **Check one:**
- **Do you own your business location?** Yes No
- **If yes, is this your residence?** Yes 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?** Yes 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.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>