

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 #		Date of Change		
SECTION I. BUSINESS INFORMATION					License #	
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	Area Code	Business Telephone #	
Start Date		E-mail address		State License #	Federal ID #	
SECTION II. MAILING ADDRESS & PHONE NUMBER					Building	
Enter Name if Different from Section 1 (above) or Enter "In-Care-Of" Name					Police Department	
Street No. (N,E,S,W)		Street Name		Type	Ste/Apt #	
City.		State	ZIP Code + 4	Area Code	Telephone #	
SECTION III. BUSINESS OWNERSHIP & EMERGENCY CONTACT					Comments	
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. ()		
Emergency Contact Information		Name		Phone No.	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: _____