



DEVELOPMENT
SERVICES

P.O. Box 850500 - (334 Elm Ave)
Yukon, OK 73085 (73099)
Office - 405-354-6676
Fax - 405-350-8929
Internet: www.yukonok.gov

FOR CITY USE ONLY	
NAICS CODE _____	ZONING _____
FIRE _____	PLANNING _____

BUSINESS LICENSE APPLICATION

Business Information	Trade (DBA) Name of Business				
	Taxpayer Name (Owner(s), Partner(s), or Corporation name)				
	Business Location Address (No PO Box)		City	State	Zip + 4
	Mailing Address		City	State	Zip + 4
	Local Business Phone	Local Fax	Main Office Phone	Main Office Fax	
	Main Office Email		Federal Identification Number		
	Contact Name		Sales Tax Number		
	Contact Phone Number	Contact Fax	Contact Cell Phone Number		
	Contact Email				

Ownership Information	Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Other Non - Profit <input type="checkbox"/> Other				
	COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER (Use Additional Sheet if Necessary)				
	1) Name		Title	Email	
	Home Address	City	State	Zip	Cell Phone
	2) Name		Title	Email	
	Home Address	City	State	Zip	Cell Phone
	3) Name		Title	Email	
	Home Address	City	State	Zip	Cell Phone

(Complete Reverse Side of this Page)

General Business Info**(Businesses located in a commercial area of the town must fill out all items in this section)**

Specify Items sold and/or services performed

Type of Business (Check all that apply)

- Retail Wholesale Manufacturing Service Construction Home Occupation
 Communications Medical Mail/Internet Order Leasing Restaurant Office Only

Start Date of Business	Square feet of Location	Number of Employees at Location	Managers Name at Location
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Do you own or lease your building? Own Lease

Owner of Building Name

Owner of Building Address	City	State	Zip + 4
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Building Owner Phone Number	Building Owner Fax	Building Owner Email
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Emergency Information

24 Hour Emergency Contact Name

Emergency Phone Number	Emergency Cell Phone Number
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24 Hour Emergency Contact Name (Alternate)

Emergency Phone Number	Emergency Cell Phone Number
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Alarm System

Company Name who monitors alarm

Company Address	City	State	Zip + 4
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Phone Number	Activated <input type="checkbox"/>	Not Activated <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Signature

Notice: This license will be revoked if this form and all the requirements for occupancy approval is not completed in the time specified by the Inspectors. I hereby certify that the above information is true and correct; that I am familiar with the zoning ordinances governing the Business use within the City of Yukon and will observe and conform in all respects to said ordinances. I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

Date	Printed Name
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Applicants Signature