



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 _____

## VENDING BUSINESS LICENSE APPLICATION

**Required Items-- Please fill out all other applicable items**

<b>Business Information</b>	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				

<b>Ownership Information</b>	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

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Type of Business (Check all that apply)

<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Home Occupation
<input type="checkbox"/> Communications	<input type="checkbox"/> Medical	<input type="checkbox"/> Mail/Internet Order	<input type="checkbox"/> Leasing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Office Only

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Start Date of Business	Square feet of Location	Number of Employees at Location	Managers Name at Location

**Emergency Information**

24 Hour Emergency Contact Name

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Emergency Phone Number	Emergency Cell Phone Number

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24 Hour Emergency Contact Name (Alternate)

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Emergency Phone Number	Emergency Cell Phone Number

**VENDING MACHINE REGISTRATION \$10.00 PER MACHINE**  
**PLEASE LIST LOCATION OF MACHINES AND NUMBER OF MACHINES AT EACH LOCATION BELOW**

BUSINESS NAME WHERE MACHINE IS LOCATED	ADDRESS OF BUSINESS	NUMBER OF MACHINES

**Signature**

Notice: This license will be revoked if this form with 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 his 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.

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Applicants Signature	Printed Name	Date