

CITY OF BETHEL HEIGHTS
APPLICATION FOR OCCUPATIONAL LICENSE
BETHEL HEIGHTS TAX CODE-0404
License Fee: \$ 50.00 per year

Please enter information for your business: Date: _____, 20_____

Name of Business: _____
Tax ID # : _____
Physical Address: _____
City: _____
Phone: _____
Mailing Address: _____
City: _____
Phone: _____
Email Address: _____

OWNER OF BUSINESS

Name: _____
Address: _____
City: _____
Home Phone: _____
Pager: _____ Mobile: _____

OWNER OF PROPERTY

Name: _____
Address: _____
City: _____
Home Phone: _____
Pager: _____ Mobile: _____

PERSONS TO NOTIFY IN AN EMERGENCY OTHER THAN OWNER

Name: _____
Address: _____
City: _____
Home Phone: _____

Name: _____
Address: _____
City: _____
Home Phone: _____

Nature of Business: _____
Number of Employees: _____
Business Hours: _____

Do you have an alarm system? Yes No
If so, what company? _____ Phone: _____
Are there occasions were you might be working late? Yes No
Do you want to be contacted if we find something different, out of ordinary? Yes No

AUTHORIZED SIGNATURE: _____

CALL THE FIRE INSPECTOR FOR INSPECTION BEFORE OPENING @ 770-2185

APPROVAL OF INSPECTOR: _____

Office Personnel Only: Business License Number _____