



TOWN OF TULLAHASSEE

OKLAHOMA

BUSINESS LICENSE APPLICATION



Please complete all sections. Incomplete applications may delay processing.

DATE OF APPLICATION: _____

1 BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone Number: _____

Email Address: _____

Type of Business (check one):

Sole Proprietorship Corporation

Partnership Non-Profit

LLC Other: _____

Description of Business Activities:

2 OWNER / APPLICANT INFORMATION

Owner / Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Driver's License / ID #: _____ State: _____

Date of Birth: _____

3 BUSINESS DETAILS

Date Business Will Begin in Tullahassee: _____

Number of Employees: _____

Will this business operate from a home? Yes No

If yes, provide address: _____

Will you have signage at this location? Yes No

Will you sell food or beverages? Yes No

(If yes, additional permits may be required.)

4 TAX & COMPLIANCE

Federal EIN (if applicable): _____

Oklahoma Sales Tax Permit #: _____

Are you in compliance with all local, state, and federal laws and regulations? Yes No

5 EMERGENCY CONTACT

Contact Name: _____

Phone Number: _____

Relationship to Business: _____

6 AGREEMENT & SIGNATURE

I certify that the information provided in this application is true and correct to the best of my knowledge.
I agree to comply with all ordinances and regulations of the Town of Tullahassee and the State of Oklahoma.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Received By: _____	Date Received: _____
License Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number: _____
Fee Paid: _____ \$	Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card
Authorized Signature: _____	Date Issued: _____