

# West Siloam Springs Business License Application

4880 Cedar Drive, Colcord, OK 74338

Phone (918) 422-5101 / Fax (918) 422-5108

Email Address: [town@westsiloamsprings.org](mailto:town@westsiloamsprings.org)

**\*\*\*Note: ALL FIELDS REQUIRED - INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW\*\*\***

If submitting for Renewal - A Copy of your Oklahoma Sales Tax Permit (With City Code **2152**) must be attached. If you plan to distribute food or beverage items, you must also attach your Delaware County Health License.

Name of Business:	Date of Application
Business Physical Address: <input type="checkbox"/> Check if Change of Address  <div style="text-align: center;">(Street Address)</div>	Business Phone

Business / Services to Offer:			
Business Billing Address <input type="checkbox"/> Check If Same <input type="checkbox"/> Check If Change of Address			
Street / Box	City	State	Zip

Business Owner Name:	Business Owner Primary Phone Number
Business Owner Primary Email Address:	

Yes--Please correspond with me on matters related to this application or my licenses by email when possible

<b>Local 24 Hour Emergency Contact Information (Must provide two Contacts)</b>	1	Name	Phone
	2	Name	Phone

Building Information <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Remodel	Building Previously Used As:
Building Owner Name & Phone Number:	Number of Employees Including Owner/Manager

Business Legal Information (Check all that apply)	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer Ownership <input type="checkbox"/> Transfer <input type="checkbox"/> Location <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation
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\_\_\_\_\_  
Signature of Applicant

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Printed Name of Applicant

\*\*\*\*ADMINISTRATIVE USE BELOW\*\*\*\*

Zoning District for Site:		By:
Building Permit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Notified Date:	By:
Sign Permit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Notified Date:	By:
Business License Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Special Conditions</b> <input type="checkbox"/> None	