

West Siloam Springs Business License Application

4880 Cedar Drive, Colcord, OK 74338

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

Email Address: townofwestsiloam@cox-internet.com

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

If submitting for Renewal - A Copy of your Oklahoma Sales Tax Permit must be attached. If you plan to prepare or 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 <small>(Street Address)</small> | | Business Phone | |
| Business / Services to Offer: | | | |
| Business Billing Address <input type="checkbox"/> Check if Same <input type="checkbox"/> Check if Change of Address | | | |
| <small>Street / Box</small> | <small>City</small> | <small>State</small> | <small>Zip</small> |
| 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

| | | | |
|--|---|------|-------|
| Local 24 Hour Emergency Contact Information <small>(Must provide two Contacts)</small> | 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 <small>(Check all that apply)</small> | <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 |
|--|--|

Signature of Applicant

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 Special Conditions <input type="checkbox"/> None | |