

# City of Collinsville

P.O. Box 730 ■ Collinsville OK 74021 ■ (918) 371-1010 ■ Fax (918) 371-1019

[www.cityofcollinsville.com](http://www.cityofcollinsville.com)

## Business License Application

<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> CHANGE OF ADDRESS	<input type="checkbox"/> CHANGE OF OWNER	<input type="checkbox"/> CHANGE OF NAME
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<b>Business Operating Name</b>			
<b>Business Address</b>			<b>Unit No.</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	

<b>Business Mailing Address (If Different)</b>			<b>Unit No.</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	

<b>Type of Business</b>	<b>Floor Area</b> (Commercial/Industrial only)
<b>Business Phone No.</b> ( ) -	
<b>Business Fax No.</b> ( ) -	<b>Emergency Ph. No.</b> ( ) -
<b>Website</b>	<b>E-Mail</b>
<b>No. of Employees</b>	<b>No. of Seats</b> (Restaurants Only)
<b>No. of Chairs</b> (Hair Salons/Barbers Only)	<b>No. of Units</b> (Apartments/Townhouses Only)

### Owner Information (Company or Person)

<b>Name</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
				<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
<b>Title/Position</b>					
<b>Address</b>					<b>Unit No.</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>		
<b>Phone No.</b> ( ) -			<b>Fax No.</b> ( ) -		
<b>Social Security #</b>		<b>Driver's License #</b>	<b>Date of Birth</b>		
<b>Ownership Type:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC					
<b>Fed Tax I.D.</b>	<b>State Resale Cert. No.</b>	<b>State Contractors Lic. No.</b>	<b>Exp. Date</b>		

### Landlord Information (Property Owner/Management)

<b>Name</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
				<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
<b>Address</b>					<b>Unit No.</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>		
<b>Phone No.</b> ( ) -			<b>Fax No.</b> ( ) -		

I hereby make application for a license in accordance with all the information as above stated and declare that this is a true and correct statement and I further agree to comply with all the relevant ordinances of THE CITY OF COLLINSVILLE.

Signature \_\_\_\_\_ Date \_\_\_\_\_