Service License Application 2016-2017



Please return to the City Collector <u>by May 31</u>. *ALL LICENSES ARE NON-TRANSFERABLE*

Please check (✓) the appropriate	e classification: New Applicant Renewal
Business Name:	
Business Address:	
Mailing Address (if different):	
Business Phone #:	Owner's Home Phone #:
Name of Owner:	Social Security Number:
Address of Owner:	
Federal Tax ID#:Ty	pe of Service Provided:
Person Preparing Application/Relationship to	Company:
	REQUIREMENTS:
• CONTRACTORS NEED TO FILL OUT T SUBMIT IT TO THE PUBLIC WORKS C	THE CONTRACTOR LICENSE APPLICATION AND LERK.
• TATTOO PARLORS MUST SUBMIT STA	ATE LICENSE.
 TAXI CAB AND SOLID WASTE AND RE PROOF OF LIBILITY INSURANCE WIT 	CCYCLABLE BUSINESSES ARE REQUIRED TO SUBMIT THE APPLICATION.
TO THE CITY OF FARMINGTON:	and density and an dair
hereby make application for license authorizing m	e undersigned, on this day of, 20, and company to engage in such business in the City of Farmington as
stated herein and agree to pay appropriate license forth.	fee and submit proof of liability insurance, State license, etc., as set
UNDER PENALTY OF PERJURY, THAT I DO NOT AND WILL NOT KNOWINGLY E	NOWLEDGED BY YOUR SIGNING AND DATING: I ATTEST, AM A CITIZEN OR NATIONAL OF THE UNITED STATES. I EMPLOY A PERSON WHO IS AN UNAUTHORIZED ALIEN IN R WHICH THIS LICENSE HAS BEEN OBTAINED.
Signature of Applicant	Date
FOR OFFICE USE ONLY:	
Notes:	

Approved By: