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| Date of Application: Click or tap to enter a date. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | BUSINESS INFORMATION | | Business Name: Click or tap here to enter text. | | Care of: Click or tap here to enter text. | | |  |  |  |  | | --- | --- | --- | --- | | Address: Click or tap here to enter text. | | City: Click or tap here to enter text. | | | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. | | | | |  |  |  | | --- | --- | --- | | Phone: Click or tap here to enter text. | Ext: Click or tap here to enter text. | Fax: Click or tap here to enter text. | | | Hours of Operation:  Sunday Monday Tuesday Wednesday Thursday Friday Saturday   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | Year Round:  Yes  No If NO, check the season(s) of operation:  Winter  Spring  Summer  Fall | |

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| BILLING/MAILING ADDRESS |
| Care of: Click or tap here to enter text. |
| |  |  |  | | --- | --- | --- | | Address: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. | |
| |  |  |  | | --- | --- | --- | | Phone: Click or tap here to enter text. | Ext: Click or tap here to enter text. | Fax: Click or tap here to enter text. | |

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| BUSINESS CONTACT |
| |  |  | | --- | --- | | Name 1: Click or tap here to enter text. | Name 2: Click or tap here to enter text. | | Phone: Click or tap here to enter text. | Phone: Click or tap here to enter text. | | Mobile: Click or tap here to enter text. | Mobile: Click or tap here to enter text. | | Email: Click or tap here to enter text. | Email: Click or tap here to enter text. | |

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| ADDITIONAL INFORMATION |
| Website: Click or tap here to enter text. |
| Business Description: Click or tap here to enter text. |
| Number of Employees: Click or tap here to enter text. |
| Business Start Date: Click or tap here to enter text. |
| Legal Business Status: Corporation  S Corporation  Professional Corporation  Non-profit  Partnership  Limited Liability Partnership  Limited Liability Corporation  Sole Proprietorship  Government  Trust  Other  Sole Member LLC  Individual  Agent  Franchise |

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| STATE/FEDERAL INFORMATION |
| Federal Employer Identification Number: Click or tap here to enter text. |
| State Tax Identification Number: Click or tap here to enter text. |
| State Contract License Number: Click or tap here to enter text. |
| DBA File Number: Click or tap here to enter text. |

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| BOND INFORMATION *(Water Contractors/Peddlers ONLY)* |
| *Bond Information:* |
| Name: Click or tap here to enter text. |
| Bond Amount: Click or tap here to enter text. |
| |  |  | | --- | --- | | Effective Date: Click or tap here to enter text. | Expires: Click or tap here to enter text. | | Contact: Click or tap here to enter text. | Phone: Click or tap here to enter text. | |

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| INSURANCE INFORMATION*:* |
| Company Name: Click or tap here to enter text. |
| |  |  |  | | --- | --- | --- | | Address: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. | |
| Policy: Click or tap here to enter text. |
| |  |  | | --- | --- | | Effective: Click or tap here to enter text. | Expires: Click or tap here to enter text. | | Agent Name: Click or tap here to enter text. | Phone: Click or tap here to enter text. | | Email: Click or tap here to enter text. | Fax: Click or tap here to enter text. | |

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| OTHER |
| *Building Owner Information:* |
| Company: Click or tap here to enter text. |
| Name: Click or tap here to enter text. |
| |  |  |  | | --- | --- | --- | | Address: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. | |
| |  |  | | --- | --- | | Phone: Click or tap here to enter text. | Fax: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. |
| *Security Company Information:* |
| Company: Click or tap here to enter text. |
| Contact: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| Type:  Burglar  Fire  Burglar & Fire |

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| BUILDING INFORMATION |
| *Location Description:* |
| Electrical: Click or tap here to enter text. |
| Gas/Propane: Click or tap here to enter text. |
| Water: Click or tap here to enter text. |
| Shutoff Panel: Click or tap here to enter text. |
| Meter: Click or tap here to enter text. |
| Hazardous Materials on Property:  NO  YES (ATTACH LIST OF ALL MATERIALS) |
| Fire Hydrant on Property:  NO  YES |
| Sprinkler System:  NO  YES |
| Outside Lighting:  NO  YES |
| Fire Department:  NO  YES |
| Total Building Square Footage: Click or tap here to enter text. |
| Business Sign on Site:  NO  YES If yes, size of sign: Click or tap here to enter text. |

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| HAZARDOUS MATERIALS |
| Material Safety Data Sheet (MSDS):  NO  YES If yes, a copy MUST be emailed to  DAWNHADYNIAK@SUMPTERTWP.ORG |
| Rapid Entry Key Box System:  NO  YES If yes, where: Click or tap here to enter text. |
| \*\*Under the “Right to Know” law, if you have any hazardous materials, chemical or flammables on the property. You MUST have a material safety data sheet manual or folder on site. |

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| OFFICE USE ONLY |
| Parcel ID: Click or tap here to enter text. |
| Lot Size: |
| Off Street Parking: |
| Zoning: |
| Home-based  Commercial |
| |  |  | | --- | --- | | Planner Signature: | Date: | |