



**WEST
POINT**

City of West Point Business License Application

Date: _____

Applicant/Licensee: _____

Social Security # ____ - ____ - ____ **or** **Fed. ID#** _____

State ID# _____

Name of Business: _____
(As you want it to appear on license, for example John Doe D.B.A. J.D.'s Inc, or just J.D.'s Inc.)

Mailing Address: _____
No. Street City State Zip Code

Telephone No.: _____
Daytime Phone No. Evening Phone No.

Business Location: _____
No. Street City State Zip Code

Type of Business: _____

Number of Full Time Employees: _____ **Part Time:** _____ **Avg. Hours:** _____
(including self)

Owner/Company Officer Signature: _____

LICENSE FEE FOR 1 YEAR \$80.00, INCLUDES OWNER. \$1.00 FOR EACH ADDITIONAL FULL-TIME EMPLOYEE & .50¢ FOR EACH PART-TIME EMPLOYEE.

City of West Point Use Only	
SIC#	License Amount: _____