



# City of Tuttle

## BUSINESS OCCUPANCY LICENSE/RENEW

BUSINESS INFORMATION

PERMIT # \_\_\_\_\_

Fee: \$35.00

Renewal:\$10.00

Business Name:	Email:
Business Address:	Business Phone:
Mailing Address:	Type of Business:
Owner of Building:	Phone:
Seasonal or Temporary? <input type="radio"/> Yes <input type="radio"/> No	If Yes, give dates of operation:
Sales Tax ID#	EIN (or SS#)

### OWNER/APPLICANT INFORMATION

Name:		Date:	
Address:	City:	State:	Zip:
DOB:	Phone 1:	Phone 2:	
Applicant Signature:			

### ALARM/BUSINESS IDENTIFICATION PROGRAM

Typical Operating Hours & Days:	
Number of Full Time Employees:	Number of Part Time Employees:
Are there hazardous chemicals stored on the premises? <input type="radio"/> Yes <input type="radio"/> No	If yes, please list:
Does your business have an alarm? (If yes, please complete information below) <input type="radio"/> Yes <input type="radio"/> No	
Alarm Company Name:	State License #
Alarm Company Phone #:	
Type/Coverage of Alarm:	

### EMERGENCY CONTACTS

Name	Primary Phone #	Second Phone #



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### OFFICE USE ONLY

#### Public Utilities

Signature: \_\_\_\_\_      \_\_\_\_\_ Approve      \_\_\_\_\_ Deny      Date: \_\_\_\_\_

Available:                       Water                       Sewer                       Fiber

Remarks:

#### Building Inspections

Signature: \_\_\_\_\_      \_\_\_\_\_ Approve      \_\_\_\_\_ Deny      Date: \_\_\_\_\_

Remarks:

#### Planning

Zoning: \_\_\_\_\_

Signature: \_\_\_\_\_      \_\_\_\_\_ Approve      \_\_\_\_\_ Deny      Date: \_\_\_\_\_

Remarks:

#### Fire Department

Signature: \_\_\_\_\_                      Approve                      Deny                      Date: \_\_\_\_\_

Remarks: