



Business License Application Review

Date of Application: _____

Name of Business: _____

Business Address: _____

Applicant Name: _____

Applicant Address: _____

Nature of Business: _____

Business Hours: _____

Days of Operation: _____

Applicants Signature: _____

Administrative Section

Location Zone: _____

Department Signature: Approval or Denial

Public Works Dept.: _____ Approve _____ Denial _____ Date _____

Denial Reason: _____

City Manager: _____ Approve _____ Denial _____ Date _____



Business License Application Review

Exceptions Noted:

Date of Issuance:

License Number: RBBL- - -

Clerk: