



COUNTY OF ALPINE
Department of Finance
Carol McElroy-CAO/DOF
Tina Scherer-Chief Deputy Treasurer-Tax Collector

APPLICATION
FOR FIXED PLACE OF BUSINESS LICENSE
ORDINANCE 260
COUNTY OF ALPINE

DATE _____ PHONE _____

NAME OF BUSINESS _____

NAME OF APPLICANT _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

TYPE OF BUSINESS: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

NAMES / ADDRESSES OF PARTNERS/CORPORATE OFFICERS (use reverse if necessary)

| NAME | TITLE | ADDRESS |
|------|-------|---------|
|------|-------|---------|

LIST ALL TYPES OF BUSINESS TO BE CONDUCTED: _____

IS YOUR PLACE OF BUSINESS CORRECTLY ZONED FOR THE TYPE OF BUSINESS YOU PLAN TO CONDUCT? _____

PLEASE CONTACT ALL COUNTY DEPTS LISTED FOR OTHER PERMITS THAT MAY BE REQUIRED FOR YOUR BUSINESS. THEY WILL NEED TO SIGN OFF ON THIS APPLICATION.

COUNTY CLERK _____ HEALTH DEPT _____
(530) 694-2281 (530)694-2146

COMMUNITY DEVELOPMENT _____
(530)694-2140

BUSINESS LICENSE IS FREE TO HONORABLY DISCHARGED MILITARY VETERANS. PLEASE ATTACH EITHER COPY OF HONORABLE MILITARY DISCHARGE OR \$29.00 ANNUAL FEE.

APPLICANT SIGNATURE