



Business License Application

PLEASE FILL IN COMPLETELY
MAKE ALL NECESSARY CORRECTIONS
****RETURN ENTIRE FORM WITH PAYMENT**

___ New License: \$40.00 ___ Renewal: \$20.00
___ Late Fee: \$20.00

BUSINESS

Business Name _____

Business Location _____

Mailing Address (if different) _____

Telephone(s) _____ Email _____

Website _____

Home Occupation? Yes: ___ (complete reverse side) No: ___

BUSINESS OWNER *(please provide copy of Government issued photo ID, background checks may be completed)*

Business Owner's Name _____ Telephone(s) _____

Address _____ Email _____

EMERGENCY CONTACTS

Contact #1 Name _____ Telephone(s) _____

Contact #2 Name _____ Telephone(s) _____

If building is leased, please list name/ address/ telephone number of owner:

Does the building have an alarm? Yes: ___ Security company name/phone number: _____ No: ___

DESCRIPTION OF OPERATION (type of goods or services): _____

Number of Employees _____

State License (if applicable) *(Provide copy)* Type _____ License Number _____ Exp. _____

Has this business met all County, State and/or Federal Licensing Requirements needed to conduct your business?

Yes: ___ No: ___ Applicant's Initials: _____

As the owner of the above said business making application for this license or an authorized representative of said business, deposing that I have read the foregoing application and know the contents thereof, and that the same is true to the best of my knowledge. I certify that during the past five (5) years none of the persons named above has been convicted of any crime, excluding motor vehicle traffic offenses, nor have they ever adjudicated a bankruptcy (if yes, please give circumstances). I further understand that the City of St. Clair Business License must be renewed as of January 1st annually.

Applicant Name (please print) _____ Title _____

Signature _____

DO NOT WRITE BELOW THIS LINE – FOR CITY CLERK'S USE ONLY

Fee Received _____ **Date** _____ **Amount** _____ **Receipt No.** _____

Review/Approval	Initial/Date	Initial/Date
	Assessor _____	Police Department _____
	Building/Zoning _____	Treasurer _____
	Fire Department _____	Comment _____

Date Approved _____ **Date Denied/Reason** _____

Annette Sturdy, City Clerk

**CITY OF ST. CLAIR
HOME OCCUPATION DECLARATION**

PLEASE COMPLETE ALL BLANKS

BUSINESS NAME

BUSINESS OWNER

ADDRESS

PHONE

EMAIL

NATURE OF BUSINESS

EMPLOYEES (Family Members)

FULL-TIME _____

PART-TIME _____

(Non-Family members)

FULL-TIME _____

PART-TIME _____

SQUARE FOOTAGE/ROOM DIMENSIONS OF AREA USED FOR BUSINESS ACTIVITY

BASEMENT _____

FIRST FLOOR _____

SECOND FLOOR _____

TYPE(S) OF MACHINERY AND/OR EQUIPMENT USED

PRODUCTS STORED ON PREMISES

I fully understand the intent of the St. Clair Zoning Ordinance concerning home occupations and agree to abide by the appropriate guidelines. I also understand that an inspection of the property by the assessor, building inspector, fire marshal and/or police department may be necessary as a condition of the issuance of this license, and hereby agree to an inspection of the premises for this purpose.

SIGNATURE

DATE