

City of West Burlington

Business License Application

APPLICANT INFORMATION		CITY USE ONLY
Applicant Name:		Approved
Business Name:		Denied
Mailing Address:		Date:
City:	State:Zip Code:	Fee: \$ Signature:
Phone: (Email:		Building Inspector
		t free surface? *e or asphalted concrete, providing an
SITE INFORMATION		
Site Address:	Zoning District:	
**Attach a detailed drawing showing the	e location you will be conducting busing	ness on the property.
Do you own the property? Yes Or No property owners name and contact information		sion to use the property along with
One Month \$ 75.00	Up To 90 Days \$150 Permanent \$250	0.00
If you are applying for a Temporary Busi business:	iness License please list the dates and	times you will be conducting
Dates:	Hours:	
Dates:	Hours:	
Dates:	Hours:	
SIGNATURE		
Applicant Signature:	Date:	
Print Name:		