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| Date of Application: Click or tap to enter a date. |

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| BUSINESS INFORMATION |
| Business Name: Click or tap here to enter text. |
| Care of: Click or tap here to enter text. |
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| Address: Click or tap here to enter text. | City: Click or tap here to enter text. |
| State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

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| Phone: Click or tap here to enter text. | Ext: Click or tap here to enter text. | Fax: Click or tap here to enter text. |

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| Hours of Operation:  Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| Year Round: [ ]  Yes [ ]  No If NO, check the season(s) of operation: [ ]  Winter [ ]  Spring [ ]  Summer [ ]  Fall |

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| BILLING/MAILING ADDRESS |
| Care of: Click or tap here to enter text. |
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| Address: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

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| Phone: Click or tap here to enter text. | Ext: Click or tap here to enter text. | Fax: Click or tap here to enter text. |

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| BUSINESS CONTACT |
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| Name 1: Click or tap here to enter text. | Name 2: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Mobile: Click or tap here to enter text. | Mobile: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Email: Click or tap here to enter text. |

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| ADDITIONAL INFORMATION |
| Website: Click or tap here to enter text. |
| Business Description: Click or tap here to enter text. |
| Number of Employees: Click or tap here to enter text. |
| Business Start Date: Click or tap here to enter text. |
| Legal Business Status: [ ] Corporation [ ]  S Corporation [ ]  Professional Corporation [ ]  Non-profit [ ]  Partnership[ ]  Limited Liability Partnership [ ]  Limited Liability Corporation [ ]  Sole Proprietorship [ ]  Government [ ]  Trust[ ]  Other [ ]  Sole Member LLC [ ]  Individual [ ]  Agent [ ]  Franchise |

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| STATE/FEDERAL INFORMATION |
| Federal Employer Identification Number: Click or tap here to enter text. |
| State Tax Identification Number: Click or tap here to enter text. |
| State Contract License Number: Click or tap here to enter text. |
| DBA File Number: Click or tap here to enter text. |

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| BOND INFORMATION *(Water Contractors/Peddlers ONLY)* |
| *Bond Information:* |
| Name: Click or tap here to enter text. |
| Bond Amount: Click or tap here to enter text. |
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| Effective Date: Click or tap here to enter text. | Expires: Click or tap here to enter text. |
| Contact: Click or tap here to enter text. | Phone: Click or tap here to enter text. |

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| INSURANCE INFORMATION*:* |
| Company Name: Click or tap here to enter text. |
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| Address: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

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| Policy: Click or tap here to enter text. |
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| Effective: Click or tap here to enter text. | Expires: Click or tap here to enter text. |
| Agent Name: Click or tap here to enter text. | Phone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Fax: Click or tap here to enter text. |

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| OTHER |
| *Building Owner Information:*  |
| Company: Click or tap here to enter text. |
| Name: Click or tap here to enter text. |
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| Address: Click or tap here to enter text. | State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |

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| Phone: Click or tap here to enter text. | Fax: Click or tap here to enter text. |

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| Email: Click or tap here to enter text. |
| *Security Company Information:*  |
| Company: Click or tap here to enter text. |
| Contact: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. |
| Type: [ ]  Burglar [ ]  Fire [ ]  Burglar & Fire |

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| BUILDING INFORMATION |
| *Location Description:* |
| Electrical: Click or tap here to enter text. |
| Gas/Propane: Click or tap here to enter text. |
| Water: Click or tap here to enter text. |
| Shutoff Panel: Click or tap here to enter text. |
| Meter: Click or tap here to enter text. |
| Hazardous Materials on Property: [ ]  NO [ ]  YES (ATTACH LIST OF ALL MATERIALS) |
| Fire Hydrant on Property: [ ]  NO [ ]  YES |
| Sprinkler System: [ ]  NO [ ]  YES |
| Outside Lighting: [ ]  NO [ ]  YES |
| Fire Department: [ ]  NO [ ]  YES |
| Total Building Square Footage: Click or tap here to enter text. |
| Business Sign on Site: [ ]  NO [ ]  YES If yes, size of sign: Click or tap here to enter text. |

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| HAZARDOUS MATERIALS |
| Material Safety Data Sheet (MSDS): [ ]  NO [ ]  YES If yes, a copy MUST be emailed to  DAWNHADYNIAK@SUMPTERTWP.ORG |
| Rapid Entry Key Box System: [ ]  NO [ ]  YES If yes, where: Click or tap here to enter text. |
| \*\*Under the “Right to Know” law, if you have any hazardous materials, chemical or flammables on the property. You MUST have a material safety data sheet manual or folder on site.  |

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|  OFFICE USE ONLY |
| Parcel ID: Click or tap here to enter text. |
| Lot Size:  |
| Off Street Parking:  |
| Zoning: |
|  [ ]  Home-based [ ]  Commercial  |
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| --- | --- |
| Planner Signature: | Date: |

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