

CITY OF PRESTON

APPLICATION FOR CITY BUSINESS LICENSE

REMITTANCE REQUIRED UPON CITY COUNCIL APPROVAL

Date _____

Name:		Phone:	
Address:		City:	State: Zip:
Name of Business:		Bus. Phone:	
Address of Business:		City:	State: Zip:
Mailing Address of Business:		City:	State: Zip:
Type of Business:			
Federal and/or State Tax ID number:			
State Contractor License number, if Applicable:			
Name, Address and Phone Number of Three References (Do Not Include Your Relatives or City of Preston Employees)			
Name	Address	Phone	
1.			
2.			
3.			
Signature			
Office Use Only			
Date Given to Police	Date Returned from Police	Date Presented to Council	
Zone:	Council Action:		
Notification Date:			
Remittance \$:			