

CITY OF GREEN RIVER
APPLICATION FOR BUSINESS LICENSE

DATE OF APPLICATION _____ RECEIPT NO _____

BUSINESS NAME _____ BUSINESS TYPE _____

LOCATION _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE 1: _____ TELEPHONE 2: _____ FAX: _____

E-MAIL: _____

MAILING ADDRESS: _____ ATTENTION _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS CLASSIFICATION

☐ CORPORATION

☐ PARTNERSHIP

☐ LIMITED LIABILITY COMPANY

☐ SOLE PROPRIETOR

NAMES, BIRTHDATES, SSN OF ALL PARTNERS, OFFICERS AND DIRECTORS

OWNER NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY NO _____

ADDRESS _____ CITY _____ STATE _____

TELEPHONE 1: _____ TELEPHONE 2: _____

MANAGER NAME _____

ADDRESS _____ CITY _____ STATE _____

SALES TAX ID: _____

FEDERAL ID: _____

STATE ID: _____