



Business License Application

Taxpayer ID #

Application Type:  New  Renewal  Owner Change  Name Change  Location Change

Legal Business Name: \_\_\_\_\_

Trade Name/DBA (if different): \_\_\_\_\_

Form of Ownership:  Sole proprietor  LLC  Corporation  Partnership  Other: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Date Business Initiated/Proposed: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Brief description of business activity: \_\_\_\_\_

Homebased business:  Yes  No Do you own or rent the property location:  Own  Rent

If you rent, provide the name and telephone number of lessor: \_\_\_\_\_

Name of Owner(s), Partner(s), or Officer(s):

<u>Name</u>	<u>Residence Address</u>	<u>Social Security #</u>	<u>Driver's License #</u>	<u>Title</u>

Number of employees working in Oneonta: \_\_\_\_\_  City Limits  Police Jurisdiction

<b>Contractors Only</b>	<b>Contract Amount: \$</b> _____
<b>Job Location:</b> _____	
<b>If Sub, Name of General Contractor:</b> _____	
<b>Please provide State certification card. (e.g., Home Builder, General Contractor, HVAC, Electrical, Master Plumber, Gas)</b>	

*This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above-named entity, and person(s) listed.*

_____	_____	_____
Name	Title	Date

FOR OFFICE USE ONLY				
Date:	Amount Paid: Chk/Cash/CC	By:	NAICS Code:	Taxpayer ID:

**PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM.**

- PLEASE COMPLETE ALL AREAS OF THE FORM EXCEPT THE SHADED AREA AT THE BOTTOM.
- FORM SHOULD BE TYPED OR PRINTED LEGIBLY
- FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS
- FORM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE CITY OF ONEONTA

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- IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY, PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the city)
  - AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.
  - UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

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ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31.  
WITH THE FOLLOWING EXCEPTIONS: INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1.

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THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH A MUNICIPALITY CONCERNING THEIR ACTIVITIES WITHIN THAT CITY. A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS. IF A BUSINESS INTENDS TO MAINTAIN A PHYSICAL LOCATION WITHIN THE CITY, THERE ARE NORMALLY ZONING AND BUILDING CODE APPROVALS REQUIRED PRIOR TO THE ISSUANCE OF A LICENSE. IN CERTAIN INSTANCES, A BUSINESS MAY SIMPLY BE REQUIRED TO REGISTER WITH THE CITY TO CREATE A MECHANISM FOR THE REPORTING AND PAYMENT OF ANY TAX LIABILITIES. IF THAT IS THE CASE, YOU WILL BE PROVIDED THE MATERIALS FOR THAT REGISTRATION PROCESS. THE COMPLETION AND SUBMISSION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OR SUBSEQUENT ISSUANCE OF A LICENSES TO DO BUSINESS. ANY PREREQUISITES FOR A PARTICULAR TYPE AND LOCATION OF THE BUSINESS MUST BE SATISFIED PRIOR TO LICENSING.

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SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER BELOW TO OBTAIN A MORE DETAILED EXPLANATION.