

Quantity \$75 license Sought : \_\_\_\_\_

Total Fee Submitted: \$\_\_\_\_\_

Quantity \$10 License Sought : \_\_\_\_\_

Check No.: \_\_\_\_\_

Please complete ALL sections below.

**SECTION I. APPLICANT INFORMATION**

[Type or Print legibly]

**Applicant Name:**

						For Office Use Only	
Street #	Direction	Street Name				Suite/Apt #	Date App Rec'd
City		State	ZIP Code + 4	(Area Code) Telephone #			Date Proc'd
Fax #		E-Mail Address (If Available)				Initials	

**SECTION II. BUSINESS NAME MAILING ADDRESS AND TELEPHONE NUMBER**

Business Name:						FEE
						Check #
Street #	Direction	Street Name	City	State	(Area Code) Telephone #	

**SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION**

Ownership:	<input type="checkbox"/> Individual	<input type="checkbox"/> LLC	<input type="checkbox"/> Corp. - State Inc.# _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Other _____	Approved <input type="checkbox"/>	
<p>It is the policy of the City of Mt. Carmel to request this information for tax collection purposes.                  Your Social Security Number will not be released to unauthorized persons</p>							Denied <input type="checkbox"/>	
Owners, Partners, LLC Members, or Officers  (For Additional Names, Please Attach List)	Name		Title		Driver's License #		LIC #	
	Home Address					*Social Security #		
	City		State	ZIP Code + 4	(Area Code) Telephone #			
	Name		Title		Driver's License #			\$75 license No.s: _____ thru _____:
	Home Address					*Social Security #		
	City		State	ZIP Code + 4	(Area Code) Telephone #			
Name			Address			(Area Code) Telephone #		\$10 license No.s: _____ thru _____:
City		State	ZIP Code + 4					

**SECTION IV. MACHINE LOCATIONS**

Identification No.	Type : (\$75 / \$10)	MACHINE CURRENT LOCATION ADDRESS	BUSINESS NAME

