



Business Registration Application

Business Name: _____

Mailing Address: _____

Physical Address: _____

Business Phone No.: _____ **Home Phone No.:** _____

Employer Identification Number (IRS) _____ **Email:** _____

Owner's Name(s): _____

Owner Birthdate: _____ **Owner Social Security #:** _____

Home Mailing Address (If different from business address): _____

Business is: _____ **Sole Proprietorship** _____ **Partnership**
 _____ **Corporation** _____ **Other** _____

Type of Business: _____ **Retail** _____ **Wholesale**
 _____ **Services** _____ **Rentals**

Describe Business: _____

State Business License No.: _____ **(Copy Attached)**

Is Craig Sales Tax Filing and Remittance Current? _____ **Yes** _____ **No**
(If not the city may deny the application – See CMC 3.08)

I declare, under penalty of perjury, that this application is true and complete to the best of my knowledge.

Signature _____	Printed Name	Title	Date
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