

CITY OF FRANKLIN

APPLICATION FOR CITY BUSINESS LICENSE

REMITTANCE REQUIRED UPON COUNCIL APPROVAL

DATE _____

Name:		Phone:	
Address:	City:	State:	Zip:
Name of Business:		Business Phone:	
Address of Business:	City:	State:	Zip:
Mailing Address of Business:	City:	State:	Zip:
Type of Business and/or what will be sold:			
Federal and/or State Tax ID Number:			
State Contractor License number, if Applicable:			
Have you ever been convicted of a Felony: ___ Yes ___ No Background check will be done to verify.			
Name, Address and Phone Number of Three References (Do Not Include Your Relatives or City of Franklin Employees)			
Name	Address	Phone	
1.			
2.			
3.			
Signature:			
Office Use Only			
Date Presented to City Council:			
Council Action:			
Miscellaneous Notions:			
Notification Date:			
Approved or Denied:			
Remittance: \$		Date Paid:	