

Office Use Only: Date Received: _____ Receipt No.: _____
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City of NEWCASTLE

CASE/PERMIT NO.: _____

BUSINESS LICENSE APPLICATION / PERMIT

Date: _____ Zoning: _____ Not Known

ESTABLISHMENT INFORMATION

Establishment Name: _____ Phone: _____
 Previous Name, if any: _____
 Nature of Business: _____
 Street Address: _____
 Mailing Address: _____

OWNER INFORMATION

Contact Name: _____ Phone: _____
 Home Address: _____

MANAGER INFORMATION

Contact Name: _____ Phone: _____
 Home Address: _____

BASIC INFORMATION

Number of Employees: _____
 Federal ID No.: _____ Sales Tax No.: _____
 New Remodel Existing Use

I hereby affirm that the information contained above is complete and accurate to the best of knowledge and that failure to operate a retail business in accordance with the City of Newcastle Ordinances may make the license subject to suspension or revocation, requiring cessation of operations and that such violation may cause such license holders or their responsible officers subject to municipal charges.

SIGNATURE

Signature of Applicant: _____ Date: _____

Office Use Only

All provisions regarding the fire requirements and requirements of the Code of the City of Newcastle are in compliance and I hereby approve the application of the above named applicant for a business license.

Date Approved: _____ Fee Amount: _____
 Approved: Yes No Fire Inspector _____
 Approved: Yes No Code Enforcement _____
 Remarks: _____