

Application for City Business License - City of Eldridge, Iowa

Business Name: _____

Property Address: _____

Business Mailing Address: _____

Business Phone Number: _____

Business EIN (if known): _____

Nature of Business: _____

Approximate number of employees: _____

Owner's Name: _____

Owner's Home Address: _____

Owner's Phone Number: _____

Email Address: _____

Names of Persons to be notified in case of emergency (other than those listed above):

_____ Address _____ Phone _____

_____ Address _____ Phone _____

Signature of Applicant(s) _____

After completion of the above, please return this application to City Hall along with a one-time \$10.00 license fee.

For office use only:

Date Fee Paid _____

License Number: _____

ZONING REQUIREMENTS _____ **BUILDING CODE REQUIREMENTS** _____