



This form is for informational purposes only. This is not an application.

BUSINESS INFORMATION FORM

TOWN OF SANTEE

CHECK ONE:

PARTNERSHIP INDIVIDUAL CORPORATION OTHER (Specify) _____

NAME OF BUSINESS: _____

ALTERNATE BUSINESS NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

NAME OF OWNER: _____

NAME OF MANAGER: _____

BUSINESS DESCRIPTION: _____

FEDERAL ID #: _____ STATE ID #: _____

SOCIAL SECURITY # (if no federal ID#): _____ DRIVERS LICENSE #: _____

BUSINESS TELEPHONE #: _____ BUSINESS FAX #: _____

BUSINESS E-MAIL: _____

EMERGENCY CONTACT: _____ TELEPHONE: _____

EMERGENCY CONTACT MOBILE: _____

ACCOUNTANT NAME: _____ TELEPHONE: _____

BONDING COMPANY/BOND NUMBER: _____

LIST OUTSIDE SERVICE PROVIDERS FOR ALL THAT APPLY:

TRASH P/U _____ LAWN CARE _____

REMOVAL OF: USED MOTOR OIL _____

MEDICAL WASTE _____

USED COOKING GREASE/OIL _____

CLEANING SERVICES _____ INTERNET _____

SECURITY _____

OTHER (PLEASE SPECIFY) _____

MAIL BUSINESS LICENSE APPLICATION AND CORRESPONDENCE TO (CHECK ONE):

LOCAL ADDRESS

OTHER ADDRESS: _____

NAME OF PERSON COMPLETING FORM _____ PHONE: _____

(PRINT)