



**CITY OF STANLEY**  
**MUNICIPAL BUSINESS LICENSE APPLICATION**

AS REQUIRED BY ORDINANCE #134 OF THE CITY OF STANLEY

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Residence of Owner(s): \_\_\_\_\_

Mailing Address of Owner(s): \_\_\_\_\_

Type of Business: \_\_\_\_\_

If seasonal, which months: \_\_\_\_\_

Business established year: \_\_\_\_\_

Email Address: \_\_\_\_\_

EIN: \_\_\_\_\_

Describe Business Operation: \_\_\_\_\_

I have had a similar Business and/or Occupation License revoked or suspended: Yes No

If yes, state reasons and final action taken: \_\_\_\_\_

The Applicant agrees in the event of a dispute concerning the interpretation or enforcement of the Stanley Business Permit Application in which the City of Stanley is the prevailing party to pay the reasonable attorney fees, including attorney fees on appeal, and expenses of the City of Stanley.

I hereby acknowledge I have filled in this application accurately to the best of my knowledge; I will operate the business for which this license is sought in compliance with all pertinent Federal, State and Municipal laws, ordinances, rules and regulations; I have no fees, charges, assessments or other obligations due to the City except current taxes.

Signature of Owner(s) or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:**

Approved / Denied \_\_\_\_\_ Permit Date: \_\_\_\_\_ Building Dept. Okay: \_\_\_\_\_

Fire Department Okay: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Permit Fee: \$100.00 Paid: \_\_\_\_\_

Clerk's Signature: \_\_\_\_\_