



The City of

El Reno

Where History Meets the Future

APPLICATION FOR CONTRACTOR/BUSINESS LICENSE

License Number _____ - _____
Date Issued _____

BUSINESS NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____ CITY/ZIP _____

BUSINESS PHONE: _____ FAX: _____

BUSINESS MANAGER: _____ ALT PHONE: _____

EMAIL ADDRESS: _____

OCCUPATIONAL LICENSE HOLDER (IF APPLICABLE) _____

BUSINESS OWNER: _____

OWNER ADDRESS: _____

OWNER PHONE: _____ ALT PHONE: _____

OWNERSHIP STATUS: INDIVIDUAL _____ CORPORATION _____ NON-PROFIT _____

FEDERAL I.D. OR SOCIAL SECURITY #: _____ OK SALES TAX#: _____

DESCRIPTION OF BUSINESS: _____

EMERGENCY INFORMATION

PLEASE NOTIFY: _____ PHONE: _____

OR NOTIFY: _____ PHONE: _____

I CERTIFY THE ABOVE INFORMATION IS CORRECT.

Signedby: _____ **Office/Title** _____

Application Date: _____

COMMUNITY DEVELOPMENT DEPT. 262-2000 sdallarosa@cityofelreno.com