



**EL RENO**  
WE'RE PROUD OF OUR *routes*.

**Community Development  
Department**

101 N. Choctaw El Reno, OK 73036 • (405)-295-9317

## Business License & Renewal

### BUSINESS INFORMATION

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner of Building: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Description of Business: \_\_\_\_\_

Seasonal or Temporary?  Seasonal  Temporary

Sales Tax ID#: \_\_\_\_\_ EIN (or SS#): \_\_\_\_\_

### OWNER/APPLICANT INFORMATION

Owner/Assignee Name: \_\_\_\_\_

Owner/Assignee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ALARM/BUSINESS IDENTIFICATION PROGRAM

Typical Operating Hours & Days: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_

Are there hazardous chemicals stored on the premises?  Yes  No

If yes, please list: \_\_\_\_\_

Does your business have an alarm?  Yes  No

**If yes, please complete information below:**

Alarm Company Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Alarm Company Phone #: \_\_\_\_\_ Type/Coverage of Alarm: \_\_\_\_\_



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**24 Hour Contacts**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Public Utilities:**

Signature: \_\_\_\_\_  Approve  Deny Date: \_\_\_\_\_

Available:  Water  Sewer  Fiber

Remarks: \_\_\_\_\_

**Building Inspections:**

Signature: \_\_\_\_\_  Approve  Deny Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Planning:**

Signature: \_\_\_\_\_  Approve  Deny Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Fire Department:**

Signature: \_\_\_\_\_  Approve  Deny Date: \_\_\_\_\_

Remarks: \_\_\_\_\_