

## **City of Piedmont Business Application**

\$50.00 per each business per year (All licenses expire on December 31<sup>st</sup> of each year and require renewal)

## **Required Material**

| □ \$50.00 Fee Received □ Copy of Valid Driver                                      |    | Copy of State Tax Commission License<br>Copy of State Health Department (If serving food) |
|--|----|---|
| Owner's Name:  |    |   |
| Name of Business:  |    |   |
| Physical Add   |    | <u>Mailing Address (If Different)</u>   |
| Street:  |    | Street:   |
| City:  |    | City:   |
| State: Zip Code:   |    | State: Zip Code:  |
| Pusings Type   |    |   |
| Business Type: E-Mail Address:   |    |   |
| Business Phone Number: Cell Phone Number:  |    |   |
| Will you be serving alcoholic beverages at your business? ☐ Yes ☐ No               |    |   |
| If yes, please complete the Alcoholic Beverages Permit Application.                |    |   |
| Will you be growing, selling, or processing marijuana at your business? ☐ Yes ☐ No |    |   |
| If yes, please complete the Commercial Marijuana Establishment Application.        |    |   |
| Comments:  |    |   |
|  |    |   |
|  |    |   |
| Signature:   |    | Date:   |
| **************************************   |    |   |
| ☐ Paid Receipt #:  |    |   |
| ☐ Unpaid   | Co | ommunity Development  |