



NEW/CHANGE OF OWNERSHIP BUSINESS LICENSE APPLICATION 2015-2016

401 S. Johnston, Bartlesville, OK 74003 Phone (918) 338-4240 Fax (918) 338-4239

INSTRUCTIONS: Please complete application (print or type only). Do not write in shaded areas. Licensing period runs from July 1 to June 30 of each year. Business license must be renewed annually. Return application with a check for the required fee made payable to the City of Bartlesville .			OFFICE USE ONLY
1 Business Type:	2 Business Start Date (at this location):	SIC#	
3 Primary Function of Business:	4 Is this a new business? YES NO Is this a new location for an existing business? YES NO	County Parcel #	
5 D.B.A. (Name of Business): _____ Business Address: _____ City: _____ State: _____ Zip: _____ Mailing Address (if different from Business Location): _____ City: _____ State: _____ Zip: _____			Date CO Inspection:
6 Owner/Principal/Corp. Officer: Name: _____ Email Address: _____ Title: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____			Inspector: McGuire Ulrich Yankovich
7 Business Ownership Status: Sole Proprietor Partnership Corporation LLC Non-Profit Other			CO#:
8 Emergency Contact Information: Name: _____ Phone: _____			Zoning District:
9 Applicant Name: _____ Phone: _____	10 Federal Employer's ID #: _____ OR Social Security #: _____		
11 Is this an out-of-town contractor? YES NO If yes, in what city is the business located?	12 Is your business: Door-to-door solicitation? YES NO Temp. Location (in a tent, stand, or structure)? YES NO If yes, Temporary Business License must be issued. Mechanical, Electrical, or Plumbing Contractor? YES NO Registration and Annual Renewal of State License required. Sign Contractor? YES NO		
13 Is this a home occupation? YES NO Approved Home Occ. License must be attached.	Fee: \$40/year \$20/bi-annually Duplicate: \$10 Temporary Business: Annual: \$100 Daily: \$5 Monthly: \$30		
14 Does your business involve the sale, transport, or manufacture of food or beverage? YES NO If yes, has State Health Dept. approval been granted?	TOTAL:		
15 Does your business involve the sale of beer OR liquor, on off premises? Which one? YES NO	Approved Liquor License Number (Copy Attached): _____ Approved Beer License Number (Copy Attached): _____		
17 Does your business include vending machines, video games, pool tables, and other coin-operated amusement devices on premises? YES NO If yes, Vending Machine Permit required.	16 Does your business involve the sale or rental of tangible personal property (merchandise or products) or furnishing of specific services (transportation, meals, lodging, parking, etc.)? YES NO If yes, State Sales Tax Permit is required. Sales Tax Permit #: _____		
I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial, cancellation, suspension, or revocation of the business license and/or certificate of occupancy.			Application Approved By: (Land Use/Planning)
_____ SIGNATURE OF AUTHORIZED AGENT	_____ TITLE	_____ DATE	Robert McGuire

New/Change of Ownership Business License Application Check List for 2015-2016 (918-338-4233 or 918-338-4244)

If you plan to sell beer, food, liquor or anything else consumable, please contact the Washington County Health Department at 918-335-3005 for additional requirements.

The City of Bartlesville requires a business license for anyone operating any business in the City Limits of Bartlesville.

Retail:

- Must provide a copy of the Oklahoma Sales Tax Permit. (405-521-3160 or 918-581-2399) OTC.

Food:

- Must provide a copy of the Oklahoma Sales Tax Permit (405-521-3160 or 918-581-2399) OTC.
- Must provide a copy of the Original Inspection Approval Form (from Washington County Health Department- 918-335-3005).

Beer:

- Additional beer license application must be filled out and turned in at the same time as the business license application.
- Must provide a copy of the Oklahoma Sales Tax Permit (405-521-3160 or 918-581-2399) OTC.
- Must provide a copy of the Oklahoma Low-Point Beer On/Off Premises/Caterer Permit (405-521-3160 or 918-581-2399).
- Must provide a copy of the Washington County Beverage License for On or Off Premises (918- 337-2870).

Liquor/Mixed Drinks: The Able Commission may require a "Certificate of Compliance" letter prior to issuing your Able license- if this is required for your business, please contact Business Licensing at 918-338-4233 or 918-338-4244 for further information.

- Additional Liquor/Mixed Drink application must be filled out and turned in at the same time as the business license application.
- Must provide a copy of the Oklahoma Sales Tax Permit (405-521-3160 or 918-581-2399).
- Must provide a copy of the Oklahoma Mixed Drink/Caterer Permit (405-521-3160 or 918-581-2399--Able License 405-521-3484).

Massage Therapy /Hair Salons:

- Must provide a copy of the Oklahoma Sales Tax Permit if applicable. (405-521-3160 or 918-581-2399).
- Current photograph (Minimum size of two inches by two inches).
- Valid proof of age (Driver's License, Birth Certificate).
- Copy of diploma or certificate of graduation from a recognized school and a transcript of hours completed.

Sales Tax Permit, County Beverage Permit and Able license **MUST** be current.

DBA, Name, Corporate Name and site address must match on all documents submitted.

All commercial business locations will be inspected by the building services department and the fire department before approval of your business license.