

City of Yukon

Community Development

P.O. Box 850500 - (10 S. 5th St)

Yukon, OK 73085

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FOR TOWN USE ONLY

NAICS CODE _____ ZONING _____

FIRE _____ PLANNING _____

OCCUPATIONAL BUSINESS LICENSE APPLICATION

Required Items– Please fill out all other applicable items

Business Information	♦ Trade (DBA) Name of Business				
	♦ Taxpayer Name (Owner(s), Partner(s), or Corporation name)				
	♦ Business Location Address (No PO Box)		♦ City	♦ State	♦ Zip + 4
	♦ Mailing Address		♦ City	♦ State	♦ Zip + 4
	♦ Local Business Phone	♦ Local Fax	♦ Main Office Phone	♦ Main Office Fax	
	♦ Main Office Email		♦ Federal Identification Number		
	♦ Contact Name		♦ Sales Tax Number		
	♦ Contact Phone Number	♦ Contact Fax	♦ Contact Cell Phone Number		
	♦ Contact Email				

Ownership Information	♦ Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Other Non Profit <input type="checkbox"/> Other _____		
	♦ COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (use additional sheet if necessary)		
	1) Name	Title	Home Phone
	Home Address	City	State Zip + 4
	2) Name	Title	Home Phone
	Home Address	City	State Zip + 4
	3) Name	Title	Home Phone
	Home Address	City	State Zip + 4

(Complete Reverse Side of this page)

General Business Info**(Businesses located in a commercial area of the Town must fill out all items in this section)**

♦ Specify Items sold and/or services Performed:

♦ Type of Business (check all that apply)

 Retail Wholesale Manufacturing Service Construction Home Occupation Communications Medical Mail/Internet Order Leasing Restaurant Office Only

♦ Start Date of Business

♦ Square feet of Location

♦ Number of Employees at Location

♦ Managers Name at Location

♦ Do you own or lease your building? Own Lease

♦ Owner of Building Name:

♦ Owner of Building Address:

♦ City

♦ State

♦ Zip + 4

♦ Building Owner Phone Number

♦ Building Owner Fax

♦ Building Owner Email

Emergency Information

♦ 24 Hour Emergency Contact Name:

Emergency Phone Number

Emergency Cell Phone Number

♦ 24 Hour Emergency Contact Name (Alternate):

Emergency Phone Number

Emergency Cell Phone Number

Alarm SystemActivated Not Activated Not Applicable **Signature**

Notice: This license will be revoked if this form with the requirements for occupancy approval is not completed in the time specified by the Inspectors. I hereby certify that the above information is true and correct; that I am familiar with the zoning ordinances governing the Business use within the City of Yukon and will observe and conform in all respects to said ordinances. I declare under penalty of perjury, that his application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

♦ Applicants Signature

♦ Printed Name

♦ Date