

CITY OF SATSUMA BUSINESS LICENSE APPLICATION

Applicant Information

Satsuma BL#:	Schedule #:	Federal Tax ID#:	Copy of contractor card attached?
Name of taxpayer/Corporation:			
DBA name:		*	Phone:
Mailing Address:			
City:	State:	ZIP:	
Physical Address:			
City:	State:	ZIP:	
Type of business (circle): 1.Manufacturer 2.Wholesaler 3.Contractor 4.Retailer (product)			
5.Other (write in blank)			
Form of organization (circle): 1.Corp 2.Partnership 3.Proprietorship 4.Professional Association			
5.Other (write in blank)			
Starting date of business: / /	Deliveries in the city limits of Satsuma? YES NO		
Principal Business Activity/Product	Activity:	Product:	
Circle the taxes for which you are liable:			
Sales	Use	Lease/Rental	Beer Wine Cigarette Gasoline
Other (write in blank):			
Taxes will be submitted:	Monthly	Quarterly	Semi-Annually Annually Occasionally
Officers, Partners, or Owner info:			
Name:			
Driver License #:	SS#:	Title:	
Name:			
Driver License #:	SS#:	Title:	
Name:			
Driver License #:	SS#:	Title:	
Name:			
Driver License #:	SS#:	Title:	
I certify that all information and statements herein are true and correct.			
Signature of Applicant:		Date:	