

# West Siloam Springs Business License Application

4880 Cedar Drive, Colcord, OK 74338

Phone (918) 422-5101 / Fax (918) 422-5108

Email Address: [townofwestsiloam@cox-internet.com](mailto:townofwestsiloam@cox-internet.com)

**\*\*\*Note: ALL FIELDS REQUIRED - INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW\*\*\***

Applying for Renewal - A Copy of your Oklahoma Sales Tax Permit (With City Code 2152) must be attached. If you plan to produce or distribute food or beverage items, you must also attach your Delaware County Health License.

Name of Business:		Date of Application	
Business Physical Address: <input type="checkbox"/> Check if Change of Address  <div style="text-align: center;">(Street Address)</div>		Business Phone	
Business / Services to Offer:			
Business Billing Address		<input type="checkbox"/> Check If Same <input type="checkbox"/> Check If Change of Address	
Street / Box	City	State	Zip
Business Owner Name:		Business Owner Primary Phone Number	
Business Owner Primary Email Address:			

Yes--Please correspond with me on matters related to this application or my licenses by email when possible

<b>Local 24 Hour Emergency Contact Information (Must provide two Contacts)</b>	1	Name	Phone
	2	Name	Phone

Building Information <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Remodel	Building Previously Used As:
Building Owner Name & Phone Number:	Number of Employees Including Owner/Manager

Business Legal Information (Check all that apply)	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer Ownership <input type="checkbox"/> Transfer <input type="checkbox"/> Location <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation
---	--

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\*\*\*\*ADMINISTRATIVE USE BELOW\*\*\*\*

Zoning District for Site:		By:
Building Permit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Notified Date:	By:
Sign Permit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Notified Date:	By:
Business License Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Special Conditions</b> <input type="checkbox"/> None	