

**CITY OF WESTOVER**  
**BUSINESS LICENSE APPLICATION**

Fiscal Year Ending, June 30, 20\_\_

No. of Employees this location: \_\_\_\_\_

Check Applicable Business Type

YEARLY

<input type="checkbox"/>	GENERAL STORE	\$15
<input type="checkbox"/>	CLASS A & B: RETAIL INTOXICATING LIQUOR	\$1,000
<input type="checkbox"/>	NONINTOXICATING BEER - Class A&B, Retail, Restaurants, Bars, Grocery	\$150
<input type="checkbox"/>	DISTRIBUTOR - PRIVATE LIQUOR CLUBS	\$1,000
<input type="checkbox"/>	Fraternal/Veterans Organizations	\$375
<input type="checkbox"/>	Club Having Less than 1,000 Members	\$500
<input type="checkbox"/>	WINE RETAILER (GROCER)	\$150
<input type="checkbox"/>	ATTORNEY	\$5
<input type="checkbox"/>	AUCTIONEER	\$15
<input type="checkbox"/>	BARBER, BEAUTICIAN, MANICURIST	\$25
<input type="checkbox"/>	CHIROPRACTOR	\$100
<input type="checkbox"/>	COLLECTION AGENCY	\$100
<input type="checkbox"/>	DENTIST	\$20
<input type="checkbox"/>	DENTAL CORPORATION	\$50
<input type="checkbox"/>	EMPLOYMENT AGENCY	\$200
<input type="checkbox"/>	ENGINEER	\$30
<input type="checkbox"/>	FORTUNE TELLER, PALMIST, MEDIUM	\$200
<input type="checkbox"/>	FUNERAL ESTABLISHMENT	\$75
<input type="checkbox"/>	HEARING AID DEALER	\$40
<input type="checkbox"/>	INSURANCE AGENT/BROKER	\$25
<input type="checkbox"/>	INSURANCE COMPANY	\$50
<input type="checkbox"/>	LANDSCAPER	\$50
<input type="checkbox"/>	MEDICAL CORPORATION	\$300
<input type="checkbox"/>	PAWNBROKER	\$100
<input type="checkbox"/>	PHYSICAL THERAPIST	\$35
<input type="checkbox"/>	REAL ESTATE AGENT	\$25
<input type="checkbox"/>	REAL ESTATE BROKER	\$50
<input type="checkbox"/>	BILLIARD TABLES: FIRST \$25, ADD \$15 EA. ADDITIONAL	-----
<input type="checkbox"/>	LAUNDROMAT/CARWASH 1-5 DEVICES 6-9 ADD \$3 EA, 10 OR MORE \$30	\$15
<input type="checkbox"/>	NOT LISTED SEE CITY HALL FOR RATE	-----
<b>TOTAL AMOUNT REMITTED</b>		

Any business not listed please inquire at City Hall. Failure to secure a new license before August 1st 1 make you liable to punishment for operating without a license and subject to a maximum penalty of per day after notification by the City Clerk.

Date: \_\_\_\_\_ NAME OF BUSINESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_