

CITY OF ATHENA - BUSINESS LICENSE APPLICATION

Today's Date: _____ Year of License: _____

Business Name:
(D.B.A. or registered name) _____

Applicant's Name: _____

Date of Birth: _____ State and Driver's License #: _____

Business Address: PO Box # _____, Street _____, Athena

Business Phone #'s: _____ Cell Phone #'s: _____

Owner's Name (if different than applicant): _____

Owner's Personal Address: _____

Owner's Personal Phone #'s: _____

Applicant's # of years with Athena Business: _____

Applicant's # of years of experience in same business: _____

If other licenses or certifications are required, please attach: _____

Nature of Merchandise or Service Provided (Be Specific): _____

Merchant agrees to comply with all City of Athena ordinances and codes. More than two violations in one calendar year will void the business license. Copies of ordinances are available at City Hall.

Applicant's Signature: _____

Title or Position Held: _____

Fee \$50.00: _____

Approved by the Athena City Council @ the _____ meeting

Councilor/Mayor: _____

City Recorder: _____