

CITY OF FLATWOODS  
BUSINESS LICENSE INFORMATION

THE FOLLOWING INFORMATION IS NECESSARY FOR OUR RECORDS AND WILL BE HELD IN STRICT CONFIDENCE. ALL QUESTIONS MUST BE ANSWERED FULLY.

NAME : \_\_\_\_\_

BUSINESS NAME (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

PRINCIPAL BUSINESS ADDRESS: street \_\_\_\_\_

City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BRANCH OFFICE ADDRESS: \_\_\_\_\_

**TYPE OF ORGANIZATION:**

INDIVIDUAL  RESIDENT  NON RESIDENT  ASSOCIATION  OTHER

CORPORATION: DATE ORGANIZED: \_\_\_\_\_ STATE: \_\_\_\_\_

PARTNERSHIP: LIST NAMES AND ADDRESSES OF ALL PARTNERS: \_\_\_\_\_

DESCRIBE THE NATURE OF YOUR BUSINESS: \_\_\_\_\_

IS THIS AN "IN-HOME" BUSINESS? \_\_\_\_\_ IF YES PLEASE READ BACK AND SIGN.

DATE OPERATION STARTED IN FLATWOODS: \_\_\_\_\_.

DO YOU HAVE EMPLOYEES AT PRESENT? \_\_\_\_\_ HOW MANY? \_\_\_\_\_

ACCOUNTING PERIOD:  CALENDAR YEAR  FISCAL YEAR FISCAL YR ENDS \_\_\_\_\_

WHERE ARE BOOKS KEPT AND BY WHOM? \_\_\_\_\_

WOULD YOU LIKE ALL FUTURE PAPERWORK SENT TO YOUR BOOKEEPER? \_\_\_\_\_  
IF YES GIVE NAME AND ADDRESS: \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)