



THE CITY OF SPENCER

P.O. Box 660 / 8200 NE 36th Street
Spencer, Oklahoma 73084
405-771-3226

New Business License Application

EFFECTIVE _____ 20 _____ to _____ 20 _____

FOR OFFICE USE ONLY:

License Fee: \$ _____ DATE PAID: _____ AMT. PAID: \$ _____

Business Name: _____

Business Owner: _____

Contact Person: _____

Business Physical Address: _____

Business Mailing Address: _____

Business Phone #: _____ EMERGENCY PHONE#: _____

Business Email Address: _____

State Sales Tax Number: _____

TYPE OF BUSINESS: Brief Description of Services Provided by Your Business or

Products Sold or Handled by Your Business: _____

IMPORTANT: Your Building Street Address Number Must Be Posted on Your Place of Business Visible from the Street or Highway 24 Hours a Day to Assist Police, Fire and And Other Emergency Services in Responding to 911 CALLS. Issuance of your Business License May Prompt the Spencer Fire Department and/or the Spencer Code Enforcement Officer to Visit your Place of Business to Encourage Good Fire Prevention and a Safe Work Place.

APPLICANT'S SIGNATURE: _____ **Date Signed:** _____