



# City of Yukon

## Community Development

P.O. Box 850500 - (10 S. 5th St)

Yukon, OK 73085

Office - 405-354-6676

Fax - 405-350-8929

Internet: www.cityofyukonok.gov



### FOR CITY USE ONLY

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NAICS CODE \_\_\_\_\_ ZONING \_\_\_\_\_

FIRE \_\_\_\_\_ PLANNING \_\_\_\_\_

## NEW VENDING BUSINESS LICENSE APPLICATION

Required Items– Please fill out all other applicable items

<b>Business Information</b>	♦ Trade (DBA) Name of Business				
	♦ Taxpayer Name (Owner(s), Partner(s), or Corporation name)				
	♦ Business Location Address (No PO Box)		♦ City	♦ State	♦ Zip + 4
	♦ Mailing Address		♦ City	♦ State	♦ Zip + 4
	♦ Local Business Phone	♦ Local Fax	♦ Main Office Phone	♦ Main Office Fax	
	♦ Main Office Email		♦ Federal Identification Number		
	♦ Contact Name		♦ Sales Tax Number		
	♦ Contact Phone Number	♦ Contact Fax	♦ Contact Cell Phone Number		
	♦ Contact Email				

<b>Ownership Information</b>	♦ Type of Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLP or LLLP <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit 501 (c)(3) <input type="checkbox"/> Other Non Profit <input type="checkbox"/> Other _____					
	♦ COMPLETE THE FOLLOWING FOR EACH OWNER, PARTNER, MEMBER, OR OFFICER: (use additional sheet if necessary)					
	1) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone
	2) Name		Title			
	Home Address		City	State	Zip + 4	Cell Phone
	3) Name		Title	Home Phone		
	Home Address		City	State	Zip + 4	Cell Phone

(Complete Reverse Side of this page)

**General Business Info**  
(Businesses located in a commercial area of the Town must fill out)

♦ Specify Items sold and/or services Performed:

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♦ Type of Business (check all that apply)

<input type="checkbox"/> Retail	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Service	<input type="checkbox"/> Construction	<input type="checkbox"/> Home Occupation
<input type="checkbox"/> Communications	<input type="checkbox"/> Medical	<input type="checkbox"/> Mail/Internet Order	<input type="checkbox"/> Leasing	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Office Only

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♦ Start Date of Business	♦ Square feet of Location	♦ Number of Employees at Location	♦ Managers Name at Location

**Emergency Information**

♦ 24 Hour Emergency Contact Name:

Emergency Phone Number	Emergency Cell Phone Number

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♦ 24 Hour Emergency Contact Name (Alternate):

Emergency Phone Number	Emergency Cell Phone Number

**• VENDING MACHINE REGISTRATION \$10.00 PER MACHINE**

**• PLEASE LIST LOCATION OF MACHINES AND NUMBER OF MACHINES AT EACH LOCATION BELOW:**

BUSINESS NAME WHERE MACHINE IS LOCATED	ADDRESS OF BUSINESS	NUMBER OF MACHINES

**Signature**

Notice: This license will be revoked if this form with the requirements for occupancy approval is not completed in the time specified by the Inspectors. I hereby certify that the above information is true and correct; that I am familiar with the zoning ordinances governing the Business use within the City of Yukon and will observe and conform in all respects to said ordinances. I declare under penalty of perjury, that his application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

♦ Applicants Signature	♦ Printed Name	♦ Date