

**CITY OF BARTLESVILLE**  
**NEW/CHANGE OF OWNERSHIP BUSINESS LICENSE APPLICATION 2011-2012**

401 S. Johnstone, Bartlesville, OK 74003 Phone (918) 338-4233 or (918) 338-4244

<b>INSTRUCTIONS:</b> Please complete application (print or type only). Do not write in shaded areas. Licensing period runs from July 1 to June 30 of each year. Business license must be renewed annually. Return application with a check for the required fee made payable to the <b>City of Bartlesville</b> .		<b>OFFICE USE ONLY</b>
1 Business Type:	2 Business Start Date (at this location):	
3 Primary Function of Business:	4 Is this a new business? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this a new location for an existing business? <input type="checkbox"/> Yes <input type="checkbox"/> No	SIC # County Parcel No.
5 D.B.A. (Name of Business): _____  Business Location: _____ City _____ State _____ Zip _____		Date of CO Inspection:
Mailing Address (if Different from Business Location): Address _____ City _____ State _____ Zip _____		Inspector: McGuire Ullrich Yankovich Phillips Adams Other _____
6 Owner/Principal/Corp. Officer: Name _____ E-mail address: _____ Title _____ Address _____ City _____ State _____ Zip _____ Telephone No. _____ Fax No. _____		CO #  (Copy Attached)
7 Business Ownership Status: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other:		ZONING DISTRICT:
8 Emergency Contact Information: (Required for fire and police protection) Name _____ Telephone No. _____		CHECKLIST: <input type="checkbox"/> Minor Home Occ <input type="checkbox"/> Major Home Occ <input type="checkbox"/> ODEQ Approval <input type="checkbox"/> Beer Sales <input type="checkbox"/> Liquor Sales <input type="checkbox"/> State Sales Tax <input type="checkbox"/> Vending Machine <input type="checkbox"/> Contractor Reg <input type="checkbox"/> Temp Bus Lic
9 Applicant Contact Information: Business Phone No. _____	10 Federal Employer's ID #: _____ OR Social Security #: _____	FEE: \$40.00/year (\$20.00 bi-annually) Duplicate: \$ 10 Temporary Business: Annual: \$100 Daily: \$5 Monthly: \$30 Weekly: \$15 <b>TOTAL DUE:</b>
11 Is this an out-of-town contractor? Yes No If yes, in what city is the business located?	12 Is your business: Door-to-door solicitation? Yes No Temporary location (in a tent, stand, or structure): Yes No If yes, Temporary Business License must be issued. Mechanical, Electrical, or Plumbing Contractor? Yes No Registration of State Licenses Required for Contractor and Journeymen, with annual renewal on birthday of each year Sign Contractor? Yes No (Insurance Filing Required)	
13 Is this a home occupation? Yes No Approved Minor Home Occ License No. (copy attached) Approved Major Home Occ License No. (copy attached)	14 Does your business involve the sale, transport, or manufacture of food or beverage? Yes No If yes, has State Health Dept approval been granted? (918-335-3005)	
15 Does your business involve the sale of beer, on or off premises? Yes No Approved Beer Licenses No. (copy attached)	16 Does your business involve the sale of liquor, on or off premises? Yes No Approved Liquor License No. (copy attached)	
17 Does your business include vending machines, video games, pool tables, and other coin-operated amusement devices on premises? Yes _____ No _____  If yes, Vending Machine Permit required.	18 Does your business involve the sale or rental of tangible personal property (merchandise, goods or products) or the furnishing of specified services (transportation, meals, lodging, parking, etc.)? Yes _____ No _____  If yes, Oklahoma State Sales Tax Permit is Required. (405-521-3160) State Sales Tax Permit Number: _____	
I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial, cancellation, suspension, or revocation of the business license and/or certificate of occupancy.		Application Approved By: (Land Use/Planning)
Signature of Owner or Authorized Agent _____ Title _____ Date _____		Application Approved By:  Robert McGuire

## **New/Change of Ownership Business License Application Check List for 2011-2012 (918-338-4233 or 918-338-4244)**

**If you plan to sell beer, food, liquor or anything else consumable, please contact the Washington County Health Department at 918-335-3005 for additional requirements.**

**The City of Bartlesville requires a business license for anyone operating any business in the City Limits of Bartlesville.**

**Retail:**

- Must provide a copy of the Oklahoma Sales Tax Permit. (405-521-3160 or 918-581-2399) OTC.

**Food:**

- Must provide a copy of the Oklahoma Sales Tax Permit (405-521-3160 or 918-581-2399) OTC.
- Must provide a copy of the Original Inspection Approval Form (from Washington County Health Department- 918-335-3005).

**Beer:**

- Additional beer license application must be filled out and turned in at the same time as the business license application.
- Must provide a copy of the Oklahoma Sales Tax Permit (405-521-3160 or 918-581-2399) OTC.
- Must provide a copy of the Oklahoma Low-Point Beer On/Off Premises/Caterer Permit (405-521-3160 or 918-581-2399).
- Must provide a copy of the Washington County Beverage License for On or Off Premises (918- 337-2870).

**Liquor/Mixed Drinks:** The Able Commission may require a “Certificate of Compliance” letter prior to issuing your Able license- if this is required for your business, please contact Business Licensing at 918-338-4233 or 918-338-4244 for further information.

- Additional Liquor/Mixed Drink application must be filled out and turned in at the same time as the business license application.
- Must provide a copy of the Oklahoma Sales Tax Permit (405-521-3160 or 918-581-2399).
- Must provide a copy of the Oklahoma Mixed Drink/Caterer Permit (405-521-3160 or 918-581-2399--Able License 405-521-3484).

**Massage Therapy /Hair Salons:**

- Must provide a copy of the Oklahoma Sales Tax Permit if applicable. (405-521-3160 or 918-581-2399).
- Current photograph (Minimum size of two inches by two inches).
- Valid proof of age (Driver’s License, Birth Certificate).
- Copy of diploma or certificate of graduation from a recognized school and a transcript of hours completed.

Sales Tax Permit, County Beverage Permit and Able license **MUST** be current.

**DBA, Name, Corporate Name and site address must match on all documents submitted.**

**All commercial business locations will be inspected by the building services department and the fire department before approval of your business license.**