



APPLICATION FOR SHALIMAR BUSINESS TAX

OWNER'S NAME

**OWNER'S EMPLOYER ID OR
SOCIAL SECURITY NUMBER**

OWNER'S MAILING ADDRESS

CITY, STATE, AND ZIP

NATURE OF BUSINESS

BUSINESS NAME

BUSINESS LOCATION

BUSINESS PHONE NUMBER

TOTAL NUMBER OF EMPLOYEES

E-MAIL ADDRESS

WEB ADDRESS

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE ONLY

SIGNATURE OF ADMINISTRATIVE OFFICIAL

PRINTED NAME OF ADMINISTRATIVE OFFICIAL