

**APPLICATION
LICENSE – PERMIT
CITY OF ENID, OKLAHOMA**

DATE _____

License or Permit Desired _____

Applicant's Name _____ Telephone No. _____

Applicant's Address _____ City _____ State _____ Zip _____

Business Name _____ Telephone No. _____

Business Address _____ City _____ State _____ Zip _____

(Complete the following where or if applicable)

BEVERAGE OR LIQUOR LICENSE

State License No. _____

County License No. _____

RESTAURANT LICENSE

Restaurant _____

Drive- In _____

Mobile _____

Itinerant _____

MOBILE HOME PARK LICENSE

Total Number of spaces _____

Number of spaces licensed _____

New _____ Renewal _____ Amended _____

CHILD CARE ESTABLISHMENT

Number of children _____

State License No. _____

TRADESMAN'S LICENSE (CHECK ONE)

ELECTRICAL () CONTRACTOR () JOURNEYMAN () APPRENTICE ()

PLUMBING () CONTRACTOR () JOURNEYMAN () APPRENTICE ()

MECHANICAL () CONTRACTOR () JOURNEYMAN () APPRENTICE ()

Limited – Unlimited 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8

STATE LICENSE NUMBER _____ CITY LICENSE NUMBER _____ BONDED _____

MISCELLANEOUS LICENSE for _____

MISCELLANEOUS PERMIT for _____

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

_____ Date

_____ Signature of Applicant

\$ _____

By _____

Amount Collected \$ _____

By _____

DATE _____

EXPIRATION DATE: _____