



**COUNTY OF ALPINE**  
Department of Finance  
Carol McElroy-CAO/Director of Finance  
Tina Scherer-Chief Deputy Treasurer-Tax Collector

APPLICATION  
FOR FIXED PLACE OF BUSINESS LICENSE  
ORDINANCE 260  
COUNTY OF ALPINE

DATE \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

TYPE OF BUSINESS: INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

NAMES / ADDRESSES OF PARTNERS/CORPORATE OFFICERS (use reverse if necessary)

NAME	TITLE	ADDRESS

LIST ALL TYPES OF BUSINESS TO BE CONDUCTED: \_\_\_\_\_

IS YOUR PLACE OF BUSINESS CORRECTLY ZONED FOR THE TYPE OF BUSINESS YOU PLAN TO CONDUCT? \_\_\_\_\_

PLEASE CONTACT ALL COUNTY DEPTS LISTED FOR OTHER PERMITS THAT MAY BE REQUIRED FOR YOUR BUSINESS. THEY WILL NEED TO SIGN OFF ON THIS APPLICATION.

COUNTY CLERK \_\_\_\_\_  
(530) 694-2281

HEALTH DEPT \_\_\_\_\_  
(530)694-2146

COMMUNITY DEVELOPMENT \_\_\_\_\_  
(530)694-2140

BUSINESS LICENSE IS FREE TO HONORABLY DISCHARGED MILITARY VETERANS. PLEASE ATTACH EITHER COPY OF HONORABLE MILITARY DISCHARGE OR **\$26.00** ANNUAL FEE.

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APPLICANT SIGNATURE