



# CITY OF CARROLLTON

## BUSINESS LICENSE APPLICATION

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1. Applicant's name: \_\_\_\_\_ Phone \_\_\_\_\_
2. Applicant's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Length At Residence at above Address \_\_\_\_\_ years \_\_ Months
4. Applicant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Social Security No. \_\_\_\_\_
6. Proposed Business Name: \_\_\_\_\_
7. Proposed Business Address: \_\_\_\_\_
8. Please List All Residences For The Past Three Years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Name & Address of Employers during the last (3) Years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Have You Ever Carried A Business License With Another Municipality?  
If so, please list the Municipalities: \_\_\_\_\_
11. Please describe the type of business your business will conduct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Has the applicant ever had a license with the City of Carrollton before: \_\_\_\_\_
13. Has the applicant ever had a license with the City of Carrollton revoked before: \_\_\_\_\_
14. Has the applicant ever been in violation of the Carrollton City Code? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
15. Has the applicant ever been convicted of a felony before? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
16. Sales Tax Number: \_\_\_\_\_
17. Federal Employer Identification No.: \_\_\_\_\_
18. Please list all owners vested in the business, whose name will appear on the license:  
  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The applicant, by signing off on this application understands that they may be subject to a background check done by the Carrollton Police Department and will pay a one-time, non-refundable fee of \$25.00 for the Carrollton Business License.

\_\_\_\_\_, Applicant