



MESSAGE ESTABLISHMENT RENEWAL APPLICATION

New partners or changes within the corporation may require a background check and a full license application.

1. Type of applicant:

- Individual
- Partnership
- Corporation
- Other

2. Name of Applicant _____
(Name of individual, partnership, corporation or other)

3. Name under which applicant will be doing business, business address and telephone number:

DBA or Trade Name _____

Business Address _____
Street City State zip

Business Phone: _____ Email: _____

4. Licensed Address: _____ Phone: _____

5. Owner/owners of the building where the licensed business will be located:

Full Name: _____

Business Address: _____ Business Phone: _____

Home Address: _____ Home Phone: _____

Attach any additional owners on a separate sheet of paper.

8. The full name, residence address and telephone number of the manager, proprietor or other agent in charge of the individual owner's premises to be licensed and must live within a 75 mile radius of the City of Rogers:

Full Name: _____

Residence Address: _____ Phone: _____

9. Are any of the following taxes for the licensed premises unpaid or delinquent:

- State Sales Tax Yes No
- Real Estate Taxes Yes No
- No
- Special Assessments Yes No

If yes, indicate the years and amounts that are unpaid or delinquent.

- 10. The City has my licensing requirements and insurance on file: ____Yes ____No*
*If licensing requirements are not on file with the city, new license fees applications may apply.
- 11. Renewal/annual license fee \$300

I declare that the information I have provided is truthful and I understand that falsification of answers on this application may result in denial of this application. I authorize the City of Rogers to investigate and make whatever inquiries necessary to verify the information provided.

Applicant's Signature

Date

<p>OFFICE USE ONLY</p> <p>Application Complete _____ License Fee Paid _____</p> <p>Licensing Period _____</p> <p>Council Approval granted on _____</p>
