City of Cameron Business License Application

Name of Applicant:			Date:		
Address:					
COMPANY INFORMA	TION				
Company name:					
Address of Business:					
Contact phone number:					
Federal Id Number:					
Date business started:					
Business Classification: (Circle one)	Sole Proprietor	Non-Profit	Corporation	LLC Other:	
TYPE OF BUSINESS:					
	City of Cam	eron must be n	otified of any cha	anges.	
I hereby testify that a	I information abo	ove to be tru	e and correct	on this day	of
	, 20	_•			
Name:	y testify that all information above to be true and correct on this day				
Owner				Owner	
Approved by: City	2 d	4	_		