CITY OF PARTRIDGE

2 West Ave E PO Box 174 Partridge, Ks 67566



Business License Application

	Date:
Name of Business:	
	SSN/Tax ID:
	Phone:
Classification of Business:	General Information Profit Non-Profit
Corporation	Type of Organization Partnership LLC Individual/Sole Proprietorsh
Wholesale Trade Cor	Type of Business taurant Service/Contractor struction Hotel/Motel/Bed & Breakfast # of rooms: Estate /Finance Other, specify:
Vehicle Year/Make/Model	Color License Tag Insurance Company/Policy
	Owner Signature:
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