



**APPLICATION FOR
OCCUPATION LICENSE**

Business Name: _____

Owner's Name: _____

Mailing Address: _____

Physical Address: _____

Federal I.D. Number _____

State I.D. Number _____

Phone Number: _____

Fax Number: _____

Any Remodeling/Construction to current facility:

_____ **Yes** (If yes give detail of description)

_____ **No**

Are you going to install a sign: _____ **Yes** _____ **No**

FOR OFFICE USE ONLY

Is the property zoning correct: _____ **Yes** _____ **No**

Permit requirements complete: _____ **Yes** _____ **No**

Cleared by the Grove Fire Marshal:

Cleared by the Building Inspector:

\$50.00 Per Year

Renewal July 1st of each year

City of Grove – 104 W 3rd St, Grove, OK 74344 (918)786-6107

BUSINESS CONTACT INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Business Phone: (_____) _____

Fax: (_____) _____

Key holders - After Hours Contacts: (In case of emergency after business hours)

Primary Contact Name: _____

Primary Cell Phone: _____

Secondary Contact Name: _____

Secondary Cell Phone: _____

Alarm Company Name: _____

Alarm Company Phone: _____

Additional Comments: _____
