

**City of Benwood
Business License Application**

Federal Identification Number: _____

Business Name: _____

Business Location: _____

Mailing Address: _____

State: _____ **Zip Code:** _____

Business Contact Name: _____

Telephone #: _____ **Fax #:** _____

E-mail Address: _____

Description of business activity:

Location of work being performed (list company name if applicable):

Signature: _____ **Date:** _____

Must submit a copy of workers compensation and liability insurances as well as state contractor license prior to issuance of city licenses.

Must list all sub-contractors for any job.