



Town of Medicine Park

P.O. Box 231 • 154 East Lake Drive • Medicine Park, OK 73557-0231
(580) 529-2825 • FAX (580) 529-3110

BUSINESS PERMIT APPLICATION-Valid July 1st - June 30th

OTC State Tax ID# (Copy must be provided) _____ Check if OTC# Pending _____

Business Name _____

Mailing Address _____ City/State/Zip _____

Business Phone _____ Website _____

Email _____

Physical Business Address (If different from Above) _____

(FEES- **Local** \$30.00 per year **Additional Location** \$10.00 per year **Outside City Limits** \$75.00 per year)

Type of Business _____

Goods or Services Sold _____

Vending Machines _____ Yes _____ No _____ If yes, how many? _____

Sale of Beer or Alcohol _____ Yes _____ No _____ If yes, License# (Copy must be provided) _____

Owner of Business _____

Address _____ City/State/Zip _____

Cell # _____

Have you been convicted of a felony? _____ Yes _____ No _____ If yes, describe _____

SS# _____ EIN# _____

I, the undersigned attest that the above is true and correct to best of my knowledge. I understand I must abide by all Federal, State and local laws when conducting business.

Applicant Signature

Date

Approved this _____ day of _____, 20____ by the Medicine Park PPC.

Town Clerk

Date