

Business Tax Receipt

Business Name:	
Address:	
License #:	
Previous Owner Name:	
Previous Business Name:	
Records Needed:	

City Council Meetings

Minutes	<input type="checkbox"/>	
Agenda	<input type="checkbox"/>	
Audio or Hard Copy:		
Date of Meeting:		

Code Compliance Department

Case #:	
Case Name:	
Property Address:	
Description:	

O.M.B. Department

Payroll Information:	
Financial Statement/Audit, Year:	
Budget Report, Year:	
Other:	

