



City of Harrah

PO BOX 636 * 19625 NE 23 * Harrah, OK 73045 * (405) 454-2951 * fax (405) 454-2130

Certificate of Occupancy/ Business License

Applicant's Name: _____ Business Name: _____

Address: _____ Mailing Address, if different: _____

Property Owner, if different: _____ Type of Business: _____

State Sales Tax Number: _____ SSN Number: _____
(or letter of exemption from the State of Oklahoma Tax Commission)

Managers Name: _____ Day Phone: _____ Fax: _____ Night Phone: _____

A.B.L.E. Permit Required: Yes No Renewal Date: _____

Video Permit Required: Yes No Number of Devices: _____

Vendor Name: _____

Address: _____ Phone: _____

Alarm Permit required: Yes No

Alarm Company: _____ Phone: _____

Type of Fire Protection used: _____

Storage of Hazardous Material: Yes No If yes, Type and Quantity: _____

Number of Exits: _____ Emergency Lighting: Yes No

I hereby certify that the above information is true and correct; that I have read the notes and policies and procedures; that I will observe and conform to all codes and ordinances governing said business activity within the City of Harrah.

Signature of Owner, or authorized Agent

Date

****Prior to opening the business, the location will be inspected by both building and fire department officials to ensure the building is up to all current codes and standards.****

(official use only)

Approved

Denied

Signature of City Official

Date