



# City of Harrah

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

## Certificate of Occupancy/ Business License Application \$50.00

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: \_\_\_\_\_

Vidco 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