



210 N. Broadway • Broken Bow, Oklahoma 74728
(580) 584-3407 • (580) 584-2885 • (580) 584-2282 • fax (580) 584-6898

AGENDA REQUEST

Citizen/Company Name: _____

Address: _____

Agenda Subject: _____

A brief summary in the space provided above allows the Council Members the opportunity to research your problem and/or suggestion, and to attempt to have answers readily available to your questions by meeting time.

In order to provide all citizens who wish to address the City Council Members equal opportunity to do so, it is requested that you limit your talk to five (5) minutes and to have one major spokesperson per group.

Signature: _____ Date: _____



City of Broken Bow
Public Works Authority
Kulli Chito Environmental Authority



APPLICATION FOR REZONING OR VARIANCE

Instructions:

- A. All blanks must be filled in.
- B. Application must be accompanied by a \$200.00 fee which covers public hearings and zoning clearance permit. Mailing and Advertising fees will also be charge.
- C. Applicant is responsible for obtaining correct property owners and their addresses within a 300 ft. radius of property to be rezoned. Failure to furnish all names and addresses will void this application and all expenses incurred to this point are non-refundable.

- 1. Name of applicant _____
- 2. Address of applicant _____

- 3. Telephone number of applicant: () - _____
- 4. Legal owner (s) of property to be zoned or rezoned:

- 5. Legal description of property to be rezoned: (Attach a photocopy of legal description on abstract or warranty deed)

- 6. Proposed use of property:

- 7. Present us of property: _____
- 8. List all property owners and their address within 300 feet of the property requested to be rezoned. (Attach on an additional sheet the property owners and their addresses)
- 9. Plat of property giving dimensions and adjacent streets: (Attach on an additional sheet)
- 10. This application is for zoning _____ amendment
_____ variance

Signature of Applicant

Date received _____
Date Fee Paid _____



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Phone: (580) 584-3407 • (580) 584-2282 • (580) 584-2885 • Fax: (580) 584-6898
TDD 800-722-0353 • TTY 800-522-8506/voice or 711 • Web: www.cityofbrokenbow.com
The City of Broken Bow is an Equal Opportunity Provider and Employer.

In accordance with Federal law and the U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W. Washington, D. C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)



City of Broken Bow
Public Works Authority
Kulli Chito Environmental Authority



City of Broken Bow Business License Application

Please have the following items when applying for your business license.

- ____ Completed business license application
- ____ Copy of the businesses Oklahoma Sales Tax permit, when applicable
- ____ Copy of liquor license, when applicable
- ____ Payment for business license in the amount of \$75.00 or your quoted prorated amount.

You must provide your federal identification number at the time of license application. In addition, if you will be providing a food service, you will need to contact the McCurtain County Health Department for specifications.



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CITY OF BROKEN BOW BUSINESS LICENSE APPLICATION

210 N. Broadway, Broken Bow, OK 74728 Phone (580) 584-2282 or (580) 584-2885

INSTRUCTIONS: Please complete application (print or type only). Do not write in shaded areas. Licensing period runs from July 1 to June 30 of each year. Business license must be renewed annually. Return application along with required documents and a check for the required fee made payable to the City of Broken Bow.

1 Business Type:		2 Business Start Date (at this location):		OFFICE USE ONLY	
3 Primary Function of Business:		4 Is this a new business? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this a new location for an existing business? Yes <input type="checkbox"/> No <input type="checkbox"/>		SIC # _____ County/Parcel No. _____	
5 D.B.A. (Name of Business):				Date of CO Inspection _____	
Business Location:				Inspector _____	
City _____		State _____ Zip _____		Miller _____	
Mailing Address (if Different from Business Location):				Other _____	
Address _____		State _____ Zip _____		CO # _____ (Copy Attached)	
City _____				ZONING DISTRICT _____	
6 Owner/Principal/Corp. Officer:		E-mail address: _____		CHECKLIST OBEQ Approval _____ Beer Sales _____ Liquor Sales _____ State Sales Tax _____ Vending Machine _____ Contractor Reg _____ Other _____	
Name _____					
Title _____					
Address _____					
City _____		State _____ Zip _____			
Telephone No. _____		Fax No. _____			
7 Business Ownership Status:		8 Emergency Contact Information: (Required for fire and police protection)			
Sole Proprietor _____ Partnership _____ Corporation _____		Name _____			
LLC _____ Non-Profit _____ Other _____		Telephone No. _____			
9 Applicant Contact Information:		10 Federal Employer's ID #:			
Business Phone No. _____		OR Social Security #: _____			
11 Is this an out-of-town contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, in what city is the business located? _____		12 Is your business:			
13 Is this a home occupation? Yes <input type="checkbox"/> No <input type="checkbox"/>		Door-to-door solicitation? Yes <input type="checkbox"/> No <input type="checkbox"/> Temporary location (in a tent, stand, or structure): Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, itinerant Vendor License must be issued _____			
14 Does your business involve the sale, transport, or manufacture of food or beverage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, has State Health Dept approval been granted? (580-286-6628) _____		Mechanical, Electrical, or Plumbing Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/> Registration of State Licenses Required for Contractor and Journeymen, with annual renewal on birthday of each year _____			
15 Does your business involve the sale of beer, on or off premises? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Beer Licenses No. (copy attached) _____		16 Does your business involve the sale of liquor, on or off premises? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Liquor License No. (copy attached) _____		FEE: \$7500/year Duplicate: \$5.00 Itinerant Vendor: \$350.00/day	
17 Does your business include vending machines, video games, pool tables, and other coin-operated amusement devices on premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		18 Does your business involve the sale or rental of tangible personal property (merchandise, goods or products) or the furnishing of specified services (transportation, meals, lodging, parking, etc.)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Oklahoma State Sales Tax Permit is Required: (405-521-3160) _____ State Sales Tax Permit Number: _____ (copy attached)		TOTAL DUE _____	
I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial, cancellation, suspension, or revocation of the business license and/or certificate of occupancy.				Application Approved By _____	
Signature of Owner or Authorized Agent _____		Title _____ Date _____		Application Approved By _____	