

Application for Dry Cleaning Permit

Business Name
Street Address
Mailing Address
Telephone Number
Owner Name
Owner Address
City, State, Zip Code
Telephone Number
I hereby affirm that the information contained above is complete and accurate to the best of my knowledge and understand that failure to operate the dry cleaning business in accordance with the Oklahoma City ordinances may result in the suspension or revocation of the business license. If such should occur, I understand that the business must cease operation pending reissuance of the business license.
Signature of Applicant
Printed Name of Applicant
Title
Data