



The City of
OKLAHOMA CITY
License Division
420 W Main 8th Floor
Oklahoma City, OK 73102

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 _____

Date _____