

**Credit card information is not retained in our files.**



**THIS INFORMATION IS CONFIDENTIAL & NOT SUBJECT TO OPEN RECORDS**

Business Name \_\_\_\_\_

Please Bill  VISA  MasterCard  Discover  American Express

Credit Card Account # \_\_\_\_\_

Expiration Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Card Verification Code (found on back of card) \_\_\_\_\_

For the amount of \$ \_\_\_\_\_

Authorized Signature as it appears on card \_\_\_\_\_

**Print the name and address the Visa, MasterCard, American Express or Discover monthly statement is mailed to:**

Name \_\_\_\_\_ Business name if applicable: \_\_\_\_\_

\_\_\_\_\_  
Street Address or Post Office Box City State Zip Code

*City forms with this page may be faxed to a secure location at 270.393.3636*

*If mailing this form use address below:*

*City of Bowling Green*

*P. O. Box 1410*

*Bowling Green, KY 42102-1410*

**Checklist:**

1. Have you included a completed credit/debit card remittance form or a check payable to the City of Bowling Green?
2. Have you answered each question fully?
3. Have you signed your application certifying that all information is true and correct?
4. Do you have proper identification if requested at time of application?
5. Have you attached a signed/valid copy of your deed or lease if required?
6. Have all additional required documents been attached?
7. Have you given an accurate description of your product being sold or your service?
8. Have you indicated if your business will have Alcohol Sales or Live Entertainment at your business?