APPLICATION FOR A COMMERCIAL UTILITY PROVIDER; CABLE OPERATOR; OR TELECOMMUNICATIONS CARRIER, OPERATOR, OR PROVIDER LICENSE

SECTION A

LEGAL STATUS: ☐ Lessee ☐ Sub-Lessee
☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Other_____

SOLE PROPRIETOR	OWNER'S NAME: _____	HOME PHONE: _____
	HOME ADDRESS:	CITY/STATE/ZIP:
PARTNERSHIP	PARTNERSHIP NAME (if any): _____	NUMBER OF PARTNERS: _____
	PARTNERSHIP MAILING ADDRESS:	CITY/STATE/ZIP:
CORPORATION	CORPORATE NAME: _____	DATE OF INCORPORATION: _____
	NUMBER OF OFFICERS:	STATE OF INCORPORATION:

REGISTERED AGENT
Name and Title:
Address, Suite #:
City, State, Zip

BUSINESS PHONE:
_____

BUSINESS FAX:

AFFILIATES OF APPLICANT
(List Names, Addresses, Phone Numbers, and Legal Status of each)

SECTION B

DESCRIPTION OF EXISTING OR PROPOSED FACILITIES WITHIN THE CITY:

DESCRIPTION OF SERVICE(S) PROVIDED:

Is applicant subject to the Public Way permitting and/or franchising requirements imposed by Auburn Municipal Code Title 20 and Chapter 12.24? ☐Yes ☐No If yes, explain:

Is service provided subject to other Auburn taxes? ☐Yes ☐No If yes, list taxes:

Has applicant applied for or received any certificate of authority required by any Federal or State agency to provide services or facilities within Auburn? ☐Yes ☐No If yes, list certificates of authority:

Has applicant received any construction permits, operating license, or other approvals required to provide services or facilities within Auburn? ☐Yes ☐No If yes, list below:

Information included in this application must be sufficient to determine the following:
a. Whether or not the applicant is subject to the public way permitting and/or franchising requirements imposed by Title 20 and Chapter 12.24 of the Auburn City Code.
b. Whether or not the transmission, origination, or receipt of the services provided or to be provided constitutes an occupation or privilege subject to any municipal telecommunications tax, utility tax, or other occupation tax imposed by the City.

If you feel the information included in this application is not sufficient to make the above determinations, please attach additional information.