



City of Sand Springs, Oklahoma
 Neighborhood Services Department
 100 E. Broadway St. / P.O. Box 338 – Sand Springs OK 74063
 Phone: 918-246-2572
neighborhoodservices@sandspringsok.org

CERTIFICATE OF COMPLIANCE APPLICATION

Business Name: _____

Street Address: _____

Mailing Address: _____

Email: _____

Type of Business: _____

Owner/Contact: _____ **Phone:** _____

SSN: _____ **Fed. Tax ID:** _____

Please include a copy of your current State License and State Sales Tax Permit.

Applicant's Signature: _____

A \$200 Fee Is Due When Submitting This Application

 (office use only)

_____	_____	_____
Planning	Date Received	Date Approved

_____	_____	_____
Inspections	Date Received	Date Approved

_____	_____	_____
Fire Marshal	Date Received	Date Approved

_____	_____	_____
Environmental Compliance	Date Received	Date Approved

Notes: _____
