

APPLICATION FOR BUSINESS LICENSE



Registered Business Name: _____

Operating Name, if different from above: _____

Mailing Address: _____

Civic Address: _____

Owners Name: _____

Applicant, if different from owner: _____

Phone: _____ Email: _____

Nature of Business: (please list full description off all services offered by the above named business)

I hereby declare that the information listed above is true to the best of my knowledge:

Signature of owner/applicant: _____

Date: _____

OFFICE USE

Received by: _____ Date: _____

Amount Paid: _____