



New Business License Application Form

Account Number \_\_\_\_\_

Business Type (select one) [ ] Partnership [ ] Individual [ ] Corporation [ ] Limited Liability Company

If business is a corporation or an LLC, please fill out the attached schedule for partners and corporate officers.

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

DBA \_\_\_\_\_

Name of Owner \_\_\_\_\_ Date Business Established \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Location \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

OFFICE USE ONLY
[ ] Zoning Approval [ ] Building Approval

Contact Email \_\_\_\_\_

Social Security Number or Federal Tax ID \_\_\_\_\_

Contractors State License # & Class \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Required\* Contractors Attach Liability Insurance Certificate

Rate \_\_\_\_\_ \$ \_\_\_\_\_

License Fee (\$30 minimum) \$ \_\_\_\_\_

I(we) do hereby certify that the amount returned as total gross from my(our) business or profession as reported herein is true and correct, and that I(we) am(are) familiar with the Town Ordinance providing penalties and interest.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



---

---

## New Business License Application Form

### Partner(s)/Corporate Officer(s)

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

Name of Registered Agent \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_