



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 including yourself****

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* 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

_____/_____/_____
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Partner(s)/Corporate Officer(s)- Including yourself if you are the sole partner

Name _____ SSN _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ SSN _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ SSN _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ SSN _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name _____ SSN _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name of Registered Agent _____ Phone _____

Address _____

City _____ State _____ Zip _____