



## New Business License Application Form

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

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

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

DBA \_\_\_\_\_

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

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

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

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

Phone \_\_\_\_\_      Fax \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> Zoning Approval	<input type="checkbox"/> Building Approval

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

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

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

**\*Required\* Attach Liability Insurance Certificate**

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

Please compute your license fee using the tax rate and mail your remittance with the application form completed. (Tax rate based on per \$100 of gross receipts/wholesale based on gross purchases.) Report applicable figure just ended.

Tax 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 \_\_\_\_\_

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 \_\_\_\_\_