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BUSINESS LICENSE APPLICATION

DATE _____

BUSINESS NAME _____

ADDRESS _____ PHONE NO. _____

MAILING ADDRESS _____

TYPE OF BUSINESS: Incorporated Co. _____
Partnership _____
Sole Proprietor _____

TYPE OF BUSINESS _____

PERSON MAKING APPLICATION _____

ADDRESS _____ PHONE NO. _____

SIGNATURE OF APPLICANT _____

For Office Use Only

Approved _____ Date _____

Amount Paid \$ _____ Date _____

Receipt # _____