## **BUSINESS LICENSE APPLICATION**



## APPLICATION NO. \_\_\_\_\_ ANNUAL LICENSE FEE DUE MAY 1ST: \$\_\_\_\_\_

## (PLEASE TYPE OR PRINT)

PHU	NE ( )_	
State		ZIP
Social Security No.		
	NE()_	
		ZIP
smonths		
t three (3) years if different that	n above:	
the last three (3) years if differ	ent than a	above:
ere applicant has carried on bus	iness imm	ediately
		1
will be used in the applicant's b	ousiness:	
this municipality? [ ] Yes [ ]	No	
er been revoked? [] Yes		
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of a violation of any of the provis	1	is Code,
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	Statemo Social Security No Name of SpousePHO StatePHO State smonths t three (3) years if different that the last three (3) years if differ ere applicant has carried on bus will be used in the applicant's b this municipality? [ ] Yes [ ]	Statemonths Social Security No Name of Spouse PHONE ( ) State State months t three (3) years if different than above: the last three (3) years if different than a ere applicant has carried on business imm will be used in the applicant's business: this municipality? [ ] Yes [ ] No