BUSINESS LICENSE APPLICATION

APPLI	ICATION NO	ANNUAL LICENSE FEE D	UE MAY 1ST: \$
(PLEASE TYPE OR PRINT)			
1.	Applicant's Name:		PHONE ()
2.	Applicant's Address		
	City	State	_ ZIP
3.	Length of resident at above address	years mo	onths
4.	Applicant's Date of Birth /_/_	Social Security No	
5.	Marital Status	Name of Spouse	
6.	Citizenship of Applicant		
7.	Business Name		PHONE ()
8.	Rucinece Address		
	City	State	_ ZIP
9.	CityStateZIP Length of Employmentyearsmonths		
10.	All residences and addresses for the last three (3) years if different than above:		
11.	Name and Address of employers during	the last three (3) years if diffe	erent than above:
12.	List the last three (3) municipalities we preceding the date of application:	where applicant has carried of	on business immediately
13.	A description of the subject matter that will be used in the applicant's business:		
14.	Has the applicant ever had a license in this municipality? [] Yes [] No If so, when		
15.	Has a license issued to this applicant ever been revoked? [] Yes [] No		
	If "ves" explain:		
16.	Has the applicant ever been convicted of a violation of any of the provisions of this Code, etc.? [] Yes [] No If "yes", explain:		
17.	Has the applicant ever been convicted of "yes", explain:	of the commission of a felony?	[] Yes [] No
18.		se	
		e \$	
		ber	
	License Classif		
19.	LIST ALL OWNERS IF LICENSE IS		ERMANENT):

LOCATION OF BUSINESS: _____

20.