

BUSINESS REGISTRATION APPLICATION

Business name: _____

Business telephone: _____

Business owner: _____

Emergency telephone: _____

Business address: _____

Nature of business: _____

Hours of operation: _____

Days open for business: _____

Number of employees: _____

Duration of operation: seasonal year around

Zoning classification of property: _____

Size of lot: _____

No. of buildings with square footage of each: _____

Amount of off-street parking and square footage: _____

Type of fire protection apparatus, if any: _____

Type of police protection apparatus, if any: _____

Type of public utility servicing business: _____

Status of occupancy of owner: _____
(deed holder, land contract purchaser, tenant, etc.)

I hereby submit this application for business registration and acknowledge that the above information is accurate to the best of my knowledge.

Date: _____

Business Owner