



Business Registration Form

Please Type or Print Neatly:

1. Type of Application: Business Registration
2. Application Status: New Renewal Non-Profit Home Occupation
3. Business Name: _____
Business Telephone: _____
Physical Location: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: (if different than above) _____
City: _____ State: _____ Zip Code: _____
4. Primary Type of Business: Check One
Construction Retail Trade Service
Wholesale Trade Manufacturing
Other _____
5. Nature of Business: _____
6. Corporation – Yes No
Name and Address of Registered Agent: _____

I affirm that the above information is true and correct.

Signature: _____ Date: _____

OFFICIAL USE ONLY

\$25.00 Fee Check #: _____
Certificate of Insurance Received: _____
Filed with Municipal Clerk: _____