

Business Registration Form

Name of Business: _____

Business Address: _____

Mailing Address: _____

Zone: _____ Tax Map: _____ Lot: _____

Indicate if sole proprietor or partnership: _____

Owner(s) Name(s): _____

Owner(s) Address (es): _____

Telephone Numbers: _____

Type of Business (Please describe in as much detail as possible):

Number of Employees: _____

Hours of Operation: _____

Days of the Week Open: _____

Signature of Owner(s): _____

Title(s): _____

Today's Date: _____

Whenever any person intends to engage in such business as sole proprietor thereof, and to adopt any business name, style or designation other than his own name exclusively, he shall, before commencing business, deposit in the office of the clerk of the city or town in which such business is to be carried on a certificate signed and sworn to by him, setting forth his name and place of residence, the name, style or designation under which the business is to be conducted, and stating that he is the sole proprietor.