Business Registration Form

\$50

Name of Business:		
Business Address:		
Mailing Address:		
Zone:	Tax Map:	Lot:
Indicate if sole proprietor or partners	ship:	
Owner(s) Name(s):		
Owner(s) Address (es):		
Telephone Numbers:		
Type of Business (Please describe in	n as much detail as possible):	
Number of Employees:		
Hours of Operation:		
Days of the Week Open:		
Signature of Owner(s):		
Title(s):		
Date:		
Whenever any person intends to engage in sustyle or designation other than his own name of the clerk of the city or town in which such setting forth his name and place of residence conducted, and stating that he is the sole propression.	exclusively, he shall, before commenci h business is to be carried on a certific ce, the name, style or designation un- rietor.	ng business, deposit in the office atte signed and sworn to by him,
Signature of Town Official:	Da	ite: