

APPLICATION FOR BUSINESS LICENSE
IN THE TOWN OF TALKING ROCK

Date: _____

Name of Applicant: _____

Business Name: _____

Business Address: _____

Street

City

State

Zip

Email Address: _____

Business Telephone: _____ Home _____

Home Address _____

Street

City

State

Zip

Federal Tax ID or SSN: _____

Date of Birth of Applicant: _____

Square Footage of Business, if new building: _____

Description of Business: _____

List Name of Proprietor and all Partners with telephone numbers:

Is business incorporated? _____

Business hours: _____

Signature of Applicant