

TOWN OF BRIGHTON

APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME

APPLICANT INFORMATION

Full Name: _____
Last First Middle

Permanent Address: _____
Street Address or P.O. Box

City State Zip Code

Date of Birth: ____ / ____ / ____ Driver's License #: _____

Contact Phone Number: (____) ____ - _____

BUSINESS APPLIED FOR INFORMATION

Name of Business: _____

Physical Address: _____
Street Address

City State Zip Code

Mailing Address: _____
Street Address or P.O. Box

City State Zip Code

Type of Business: _____

Phone Number of Business: (____) ____ - _____

I (We), hereby state that I (We) will comply with all State and Federal regulations, County and Town ordinances, and other applicable rules, regulations and laws.

Applicant Signature Date

Charges

<u>Description</u>	<u>Amount</u>	<u>Paid Date</u>	<u>Cash or Check #</u>
Application Fee	\$15.00	____ / ____ / ____	_____

OFFICE USE ONLY - DO NOT WRITE ON THIS SIDE

Police Official

Date of Background Check: _____ / _____ / _____

Reference Number: _____ Approved _____ Disapproved _____

Notes

Signature _____ / _____ / _____
Date

Fire Official

Date of Inspection: _____ / _____ / _____

Reference Number: _____ Approved _____ Disapproved _____

Notes

Signature _____ / _____ / _____
Date

Date Approved: _____ / _____ / _____

Mayor

Town Recorder