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## **Business License Application**

Business Name: \_\_\_\_\_

Business Type: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Term of License:            Annual            1 Week            1 Day (3 Day Max)

Permission to release contact information:            Yes            No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_