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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:** \_\_\_\_\_