

BUSINESS LICENSE APPLICATION

DATE _____, 20__

1. APPLICANT'S NAME, ADDRESS, & TELEPHONE NUMBER _____

2. APPLICANT'S BUSINESS NAME, ADDRESS & TELEPHONE NUMBER _____

3. DESCRIBE THE GENERAL NATURE OF THE BUSINESS TO BE CONDUCTED IN THE TOWN OF EVANSVILLE _____

4. IS THE BUSINESS (a) AN INDIVIDUAL PROPRIETORSHIP, (b) A PARTNERSHIP, (c) OR A CORPORATION (circle one) _____
A. IF A PARTNERSHIP, LIST THE NAMES & ADDRESS OF ALL GENERAL OR LIMITED PARTNERS _____

B. IF A CORPORATION, LIST THE STATE OF INCORPORATION, THE BOARD OF DIRECTORS, AND THE OFFICERS; LIST AGENT FOR SERVICE OF PROCESS. _____

STATE OF INCORPORATION _____
BOARD OF DIRECTORS _____

OFFICERS: PRESIDENT _____ VICE PRESIDENT _____
SECRETARY _____ TREASURER _____

5. BUSINESS LICENSE FEE \$ _____

6. PHOTOGRAPH OF APPLICANT: _____

I, _____, DO HEREBY MAKE AN APPLICATION FOR AN EVANSVILLE BUSINESS LICENSE, TENDER THE ABOVE LICENSE FEE AND STATE THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION IS TRUE.

_____ APPLICANT

STATE OF _____)
COUNTY OF _____) SS.

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGE BEFORE ME BY _____, THIS _____ DAY OF _____, 20__

MY COMMISSION EXPIRES: _____, 20__

_____ NOTARY PUBLIC

Governing Body Approval Initials:

THE LICENSE EXPIRES THE YEAR THAT IT IS APPLIED FOR.