

SCIPPIO TOWN BUSINESS LICENSE APPLICATION

DATE: _____ CALENDAR YEAR: _____

1. NAME OF BUSINESS _____
(to appear on license)

LOCATION OF BUSINESS: _____

MAILING ADDRESS: _____

TYPE OF BUSINESS: _____

OWNERS NAME AND ADDRESS (if partnership list all partners)

Name: _____ Name: _____

Address: _____ Address: _____

City, State: _____ City, State _____

Phone: _____ Phone: _____

I certify that the information contained herein is true and correct.

SIGNATURE of APPLICANT: _____

RENEWAL DUE DATE: JANUARY 31

TOTAL AMOUNT DUE: \$20.00

LATE FEE \$10.00

ALL NEW BUSINESS'S MUST INCLUDE A CONDITIONAL USE
PERMIT OBTAIN THROUGH THE LAND USE AUTHORITY TO
OBTAIN BUSINESS PERMIT.