



VILLAGE OF DUCHESS

APPLICATION FOR BUSINESS LICENSE

BUSINESS NAME: \_\_\_\_\_

CORPORATION\_\_\_\_ PARTNERSHIP\_\_\_\_ SOLE OWNER \_\_\_\_ # OF Empl.\_\_\_\_ ESTABLISHED \_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE NUMBER(S): \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

BUSINESS LOCATION (legal description OR street address, etc if different from mailing address):

\_\_\_\_\_

OWNER/MANAGER NAME: \_\_\_\_\_

MAILING ADDRESS: (if different from above) \_\_\_\_\_

\_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

PROVINCIAL LICENSE NUMBER (if applicable): \_\_\_\_\_

DATE: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**For Office Use only**

REFUSED: _____		
_____		
REVOKED: _____		
_____		
RENEWAL	DATE _____	Signature _____
RENEWAL	DATE _____	Signature _____
RENEWAL	DATE _____	Signature _____
RENEWAL	DATE _____	Signature _____

*Please fill out form and return with your payment. Thank-you*