

BUSINESS OWNER INFORMATION:

Business Owner Name

Owner Home Address

Home Phone Number

Cell Phone Number

E-Mail

Owner Date of Birth

Place of Birth

CONTACT PERSON INFORMATION:

Contact Person Name, Address, and Phone Number (if different from Owner)

Contact Person Fax

Cell Phone

E-mail

Date: _____

APPLICANT'S SIGNATURE

COMPLETE ONLY IF TRANSFER:

Previous Owner's Name and Address

PREVIOUS OWNER'S SIGNATURE

TOWN CLERK

DATE GRANTED: _____