

Town of Highfill
APPLICATION FOR BUSINESS LICENSE
January 1st to December 31st, 2011

NAME OF BUSINESS: _____ OWNER: _____

TYPE OF BUSINESS: _____ TAXPAYER I.D.#: _____

LOCATION: _____ BUSINESS NUMBER: _____

BILLING ADDRESS: _____
(Street or Box No)

(City) (State) PHONE: _____
(Zip)

Date Signature of Person Filing Application

Name (Please Print) Title (Please Print)

AFFIDAVIT OF NUMBER OF EMPLOYEES

State of _____
County of _____

The undersigned hereby states under oath that ___the Applicant employs _____ number of employees.

SUBSCRIBED AND SWORN TO before me, a Notary Public, this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public

FIRE PREVENTION BUREAU

SIGNATURE: _____ DATE: _____

BUILDING OFFICIAL

CERTIFICATE OF OCCUPANCY # _____ DATE: _____ BY: _____

ZONING AND STREET ADDRESS CERTIFICATION (To be verified by Town Recorder)

BUSINESS ADDRESS: _____ SEC: _____ T: _____ R: _____

ZONING DISTRICT: _____

- THE BUSINESS IS PERMITTED IN THE ZONING DISTRICT INDICATED ABOVE
- THE BUSINESS WAS GRANTED A CONDITIONAL USE BY THE HIGHFILL PLANNING COMMISSION ON _____
- THE BUSINESS HAS BEEN RECOGNIZED AS A NON-CONFORMING USE

(For Town Recorder's Office Use Only)

BUSINESS LICENSE ISSUED:

NUMBER: _____ FEE TO BE PAID: \$ _____

DATE: _____ BY: _____