TOWN OF MILLINGTON

BUSINESS REGISTRATION APPLICATION

Name of Business: _____

Physical Address: _____

Mailing Address: _____ City _____, State _____ Zip _____

Office Phone #: _____ Cell Phone #: _____ Home Phone #: _____
Fax #: _____ Email Address: _____ Web Page: _____

Owner's Information:

Name of Owner(s): _____
Owner's Address: _____

Business Information:

Type of Ownership:

◯ Sole Proprietorship ◯ Partnership ◯ Nonprofit Organization
◯ Maryland Corporation ◯ LLC ◯ Non-Maryland Corporation

Type of Business (list of products & services): _____
_____
_____
_____

Licensing Information Required:

Traders License #: _____
State of Maryland License #: _____

Insurance Information Required:

Worker's Compensation Policy #: _____
General Liability Policy #: _____

I hereby certify and agree that:

1) I am authorized to make this application,
2) That the information is correct,
3) I grant Town Officials and Town appointed personnel the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.

Applicant's Name _____

Applicant's Signature _____ Date _____

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Date of Application: _____ Fee Paid: _____

Zoning Classification: _____ Floodplain: _____

APPLICATION HAVING BEEN MADE FOR A BUSINESS LICENSE, ALL STATE AND COUNTY LAWS MUST BE ADHERED TO AT ALL TIMES. THE TOWN OF MILLINGTON HEREBY ISSUED THIS BUSINESS LICENSE PERMIT FOR A PERIOD OF ONE YEAR FROM THE DATE HEREOF, CONTINGENT TO:_____
_____.

ZONING ADMINISTRATOR **DATE**