

# TOWN OF MCCORMICK BUSINESS LICENSE APPLICATION

---

NAME OF BUSINESS

---

BUSINESS LOCATION (PHYSICAL LOCATION)

---

OWNERSHIP (INDIVIDUAL, PARTNERSHIP, CORPORATION)  
(INCLUDE NAME OF FULL OR PRINCIPAL PARTNER)

---

MAILING ADDRESS

---

PHONE NUMBER, FAX NUMBER AND AN EMERGENCY NUMBER

---

FEDERAL IDENTIFICATION NUMBER/SALES TAX NUMBER/OR  
SOCIAL SECURITY NUMBER

---

TYPE OF BUSINESS

---

START DATE/HOURS OF OPERATION

---

IF CONTRACTOR OR SUBCONTACTOR, GIVE STATE LICENSE NUMBER

I (WE) do hereby certify that the above information is true and correct. I am familiar with the penalty provisions of the Town's Business License Ordinance and the grounds for revocation, including making false or fraudulent statements in this application. I certify that all business personal property taxes due and payable have been paid, and that the above business name is the same as reported on documents filed with the state and federal governments. I understand that my business income tax returns and other documents may be inspected to verify gross income or other business data.

---

SIGNATURE

---

TITLE

---

DATE

ZONING DISTRICT \_\_\_\_\_

APPROVED/NOT APPROVED \_\_\_\_\_