

SECTION III: OWNERS, PARTNERS, LLC MEMBERS OR OFFICERS

Please complete Section III in its entirety.

You may also supply your Articles of Incorporation in lieu of completing Section III.

Name:		Title:	
Home Address:		Date of Birth:	
City, State, Zip:		Soc. Sec. #	
Phone Number:		DL # & State:	

SECTION IV: LOCATION OF TAX RECORDS (if different from business location)

Name	Address	City, State, Zip	Phone Number

DETAILED DESCRIPTION & NATURE OF THE BUSINESS

(type of service, what you sell/stock, etc):

SECTION V: CHANGE OF EXISTING BUSINESS LICENSE

Type of Change: Name Change Change of address New owner of existing business

Existing Business License Number:	
New Business Name:	
New Owner Name:	
New Physical Location:	
New Mailing Address:	
New City, State, Zip:	
New Phone Number:	

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town. I understand that I may not lawfully engage in business in the Town of Florence until the license is approved. Incomplete forms will not be processed.

Print Name:	Signature:	Title:	Date:

FOR OFFICE USE ONLY

Community Development Approval:	Town Clerk Approval:	License No.	Date Issued: