

BUSINESS REGISTRATION APPLICATION

SEND APPLICATION & FEE OF \$35.00 TO CITY CLERK (check payable to the City of Whitehall)

BUSINESS INFORMATION

BUSINESS NAME		BUSINESS DESCRIPTION (DESCRIBE GOODS OR SERVICES PROVIDED)
BUSINESS ADDRESS		BUSINESS PHONE
- South and Albania		DOSINESS THORE
		ER INFORMATION ADDRESS
OWNER NAME		ADDRESS
PHONE		EMAIL ADDRESS
Does the business owner own the building in which the business is located? Yes No		
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If no, provide the following information regarding the buil PROPERTY OWNER NAME		•
PROPERTY OWNER NAME		ADDRESS
PHONE		EMAIL
EMERGENCY CONTACT INFORMATION		
CONTACT 1 NAME		PHONE
CONTACT 2 NAME		PHONE
FIDE CA FETY INFORMATION		
FIRE SAFETY INFORMATION		
ARE HAZARDOUS MATERIAL USED, STORED OR MANUFACTURED ON THE PREMISES? YES NO		
If yes, please describe type and amounts:		
l certify that the above information is correct to the best of my knowledge.		
BUSINESS OWNER SIGNATURE	//	TE PRINTED NAME
	FO	R CITY USE ONLY
PAID:	APPROVED BY: PLEASE INITIAL	ZONING ADMIN:
DATE REC'D:	FOR APPROVAL	BUILDING OFFICIAL:
LICENSE NO:		FIRE OFFICIAL: