

City of Mendon

BUSINESS LICENSE APPLICATION

OFFICE USE ONLY

License No. _____

Receipt No. _____

Date _____

Classification Code _____

License Issued or Denied **BUSINESS NOTE:** *If you are an independent contractor located outside of Mendon, please enter the name and address of the job here in Mendon.*

NAME _____

ADDRESS _____

ZIP _____ BUSINESS PHONE () _____ EMERGENCY PHONE () _____

DATE OPENED OR TO BE OPENED: / / _____

MAILING ADDRESS: *(If different from business address)*

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OWNER:

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ DATE OF BIRTH / / _____

SOCIAL SECURITY NO. _____ DRIVERS LICENSE NO. _____

APPLICANT: *(If different from owner)*

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ DATE OF BIRTH / / _____ SOCIAL SECURITY NO. _____

OTHER CORPORATE OFFICERS:*(Please list any other corporate officers in the space provided on the back)***TYPE OF BUSINESS:**STATE LICENSE NO. _____
TYPE OF STATE LICENSE (if any) _____CHECK ONE: COMMERCIAL HOME OCCUPATION**Home Occupation Certification:**

I hereby certify that the above referenced home occupation will not generate receipts of more than \$10,000.00 per year and if and when such limit is exceeded I will apply for the appropriate special use permit.

SignatureI, _____ hereby apply for LICENSE
to conduct a _____ business.

APPLICANT'S SIGNATURE

DATE

APPLICATION FEE \$ _____
\$ _____
\$ _____
TOTAL \$ _____