Business License Application

- CONTACT INFORMATION -

Legal Business Name: _____

Trade Name (DBA, if applicable): _____

Business Physical Address: _____

Business Mailing Address (if different): _____

Business Phone: _____

Business Email: _____

- STRUCTURE INFORMATION -

Type of Ownership: □ Sole Proprietor □ Partnership □ Corporation □ LLC □ Other: _____

If Corporation or LLC, State of Incorporation: _____

- - - - - - - - - - - - - - - - - - APPLICANT/BUSINESS OWNER(s) INFORMATION - - - - - - - - - - - - - - - - -

Complete the following for sole proprietors, partners, or corporate officers (attach additional sheets if necessary):

Business Owner #1 Information	**Business Owner #2 Information**
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____	Home Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____
Business Owner #3 Information	**Business Owner #4 Information**
Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____	Home Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

- BUSINESS DESCRIPTION- -

Brief description of business activities and products/services: _____

_____

_____

Primary supplier of goods (if applicable): _____

Are you employed by or an agent of another person/company? □ Yes □ No If yes, provide the following:

- Name of employer/principal: _____
- Permanent address: _____
- Documentation of authorization to do business in the state is attached: □ Yes □ No

Business Type (Select the category that best describes your business):

□ Home Occupation ($25 annual fee) — Small-scale business conducted entirely within a residential dwelling

□ Small Commercial ($50 annual fee) — Select the primary business activity:

□ Retail (general retail, convenience store, grocery/market, hardware, farm supply, pharmacy, thrift/secondhand shop)

□ Food & Hospitality (restaurant, café, bakery, catering kitchen)

□ Lodging (bed & breakfast, motel, short-term rental/Airbnb)

□ Professional Services (medical, dental, legal, accounting, real estate, insurance, counseling office)

□ Personal Services (barber, salon, nails, massage, photo studio, tailor/seamstress, laundromat)

□ Automotive (auto/equipment repair, small-engine/ATV repair, tire shop, car wash)

□ Fuel Station

□ Other Small Commercial: _____

□ Industry ($100 annual fee) — Manufacturing, production, or industrial operations

□ Other ($100 annual fee) — Specify: _____

- BUSINESS OPERATIONS- -

Proposed start date in Leamington: _____

Duration of business operations: □ Permanent □ Temporary (Dates: _____)

Location(s) where business will be conducted within town limits: _____

- DECLARATIONS -

By signing below, I certify that:

- I understand that a business license is required for my operation, as per Section 5.1.1 of the Town Code.
- The information provided in this application is true and accurate to the best of my knowledge and belief.
- I will comply with all applicable town ordinances and regulations.
- I understand this license must be exhibited upon request by any town official.
- I understand that providing false information may result in the denial or revocation of my license.

Signature of Applicant: _____ Date: _____

Print Name and Title: _____

- FOR OFFICIAL USE ONLY -

Date Received: _____ License #: _____

Application Fee Paid: $_____ Receipt #: _____ Issue Date: _____ Exp Date: _____

License Fee Paid: $_____ Receipt #: _____ Approved by: _____

License: □ Approved □ Denied

Notes: _____

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