



TOWN OF MILLINGTON
BUSINESS REGISTRATION APPLICATION

Name of Business: _____

Physical Address: _____

Mailing Address: _____ City _____, State _____ Zip _____

Office Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Fax #: _____ Email Address: _____ Web Page: _____

Owner's Information:

Name of Owner(s): _____

Owner's Address: _____

Business Information:

Type of Ownership:

- Sole Proprietorship Partnership Nonprofit Organization
- Maryland Corporation LLC Non-Maryland Corporation

Type of Business (list of products & services): _____

Licensing Information Required:

Traders License #: _____

State of Maryland License #: _____

Insurance Information Required:

Worker's Compensation Policy #: _____

General Liability Policy #: _____

I hereby certify and agree that:

- 1) I am authorized to make this application,
- 2) That the information is correct,
- 3) I grant Town Officials and Town appointed personnel the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.

Applicant's Name _____

Applicant's Signature _____ Date _____

Date of Application: _____ Fee Paid: _____

Zoning Classification: _____ Floodplain: _____

APPLICATION HAVING BEEN MADE FOR A BUSINESS LICENSE, ALL STATE AND COUNTY LAWS MUST BE ADHERED TO AT ALL TIMES. THE TOWN OF MILLINGTON HEREBY ISSUED THIS BUSINESS LICENSE PERMIT FOR A PERIOD OF ONE YEAR FROM THE DATE HEREOF, CONTINGENT TO: _____

ZONING ADMINISTRATOR

DATE