



## BUSINESS REGISTRATION APPLICATION

**Business Name:** \_\_\_\_\_

**Building Address:** \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Co-Owner Information (attach additional sheets as necessary if more than one co-owner):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Is this a Home Occupation?** Yes \_\_\_\_ No \_\_\_\_

**If the business is a firm or corporation, provide the names and addresses of members of firm or officers of corporation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Business (describe goods and/or services provided):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does business owner own the building in which the business is located?** Yes \_\_\_\_ No \_\_\_\_

**If No, provide the following information regarding the building owner/landlord:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Local Contact (if landlord is not local):**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

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☐ I hereby attest that the information on this application form is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The registration shall be effective and valid for two years. If any changes in ownership or other information provided on the registration application changes within the two year registration period, the business owner shall update that registration information at City Hall within 60 days of such changes.

<i>To be completed by the City of Montague</i>	
Business Address: _____	
Zoning District of Property: _____	
Fee Paid: _____	Date Received: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Conditions <input type="checkbox"/> Denied
Approval Conditions / Notes: _____ _____ _____ _____ _____ _____	
Expiration Date: _____	
Date: _____ Authorized Signature: _____	