TOWN OF NEWBURY

BUSINESS LICENSE APPLICATION

BUSINESS OWNERS NAME: _____

ADDRESS: _____ **PHONE:** _____

BUSINESS OWNERS NAME: _____

ADDRESS: _____ **PHONE:** _____

BUSINESS OWNERS NAME: _____

ADDRESS: _____ **PHONE:** _____

BUSINESS NAME/DBA: _____

BUSINESS ADDRESS: _____

TYPE OF BUSINESS/SERVICE:(Please provide details) _____

_____

E-MAIL ADDRESS: _____

PROPOSED HOURS OF OPERATION: _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

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