

TOWN OF NEWBURY

BUSINESS LICENSE APPLICATION

BUSINESS OWNERS NAME: _____

ADDRESS: _____ **PHONE:** _____

BUSINESS OWNERS NAME: _____

ADDRESS: _____ **PHONE:** _____

BUSINESS NAME/DBA: _____

BUSINESS ADDRESS: _____

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

E-MAIL ADDRESS: _____

PROPOSED HOURS OF OPERATION: _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

=====
(FOR TOWN OFFICIALS ONLY)

APPROVAL OF ZONING ENFORCEMENT OFFICER: _____

LICENSING BOARD

LICENSE GRANTED ON: _____ **BY: (SIGNATURES OF SELECTMEN)**

RESTRICTIONS: _____