

Town of Wachapreague
Application for Zoning Approval & Annual Business License

1. Name of Applicant: _____
2. Mailing Address: _____

3. Telephone: _____
4. Trading As (T/A): _____

****NOTE:** If this is a yearly renewal of a previously issued license, please just note anything that has changed in the last year in the items below.

5. Address(es) of Business:
6. Type of business (Describe projects/services sold):
7. No. of Parking Spaces available on Your Business's Property:
8. Any Comments/Information we should know about your firm:

Dear Applicant:

Please include \$30 with your application. Upon approval the annual Business License will be mailed to the address given above. Thank you.

For Office Use Only

APPROVED:

Zoning Administrator

Date

LICENSE MAILED/DELIVERED ON: _____

CLERK: _____

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