CITY OF STANDISH

BUSINESS AND COMMERCIAL REGISTRATION

PURSUANT TO ORDINANCE #118-A

APPLICATION FOR CERTIFICATE OF REGISTRATION

Applicant: _____
(Full name of owner, name of partners or corporation title)

Firm Name: _____

Business Phone Number: (_____)_____

Business Address: _____

Tax Returns to be Mailed to: (Name and address) _____

_____

Nature of Business: _____

_____
(Designate whether Retail, Wholesale, Manufacturing, service, etc., and specify Product or Service provided)

OPENING DATE OF BUSINESS: _____

Are you leasing or renting articles of tangible personal property? _____.
If Yes, from whom: (name and address) _____

_____

Are you leasing or renting out tangible personal property? _____ Yes _____ No.

This business was formerly operated by: (Name and Registration No.) _____

_____

Whose present address is: _____

_____

Check whether you purchased: _____ Entire Business _____ Portion Only
_____ Branch

Check items purchased from former operator: _____ Fixtures _____ Equipment
_____ Inventory _____ None.

IMPORTANT: STATE OR FEDERAL LICENSES APPLICABLE TO YOUR BUSINESS:

_____

_____

ALL PERSONS ENGAGING IN ANY BUSINESS ACTIVITY ARE SUBJECT TO THE ZONING REQUIREMENTS:

Approved: _____

FILL IN LINE APPLICABLE TO TYPE OF OWNERSHIP

_____ Sole Owner (Full name owner & spouse) _____

_____

If operated by husband & wife check here: _____

_____ Partnership (Full name of partners) _____

_____ Corporation (Names of president and secretary) _____

_____

Home address and telephone number of owner, partner, corporate officer:

_____

_____

Name, address, telephone number of nearest relative of owner or a partner not residing at your address - state relationship: _____

_____

The undersigned hereby certifies that the information shown is correct to the best of his knowledge and belief.

_____ _____

(signature of preparer other than applicant or employee)

Signed by: (Owner, partner, corporate officer)

_____ _____

(Address)

Position

_____

_____

Date: _____

1-6-88