

Name of Property Owner(s): _____ Phone: _____

Mailing Address of Property Owner(s) _____

City: _____ State: _____ Zip: _____

Email Address: _____

Business hours and days of operation: _____

Do customers come to your business: _____

Date you began business at this location: _____

How many businesses do you operate in the Town of Severance: _____

File State Tax returns: Monthly: _____ Quarterly: _____ Yearly: _____

State Sales Tax Number: _____ FEIN: _____

Names and addresses of partners and/or officers of business for which application is made:

Name	Address	Phone Number	Percentage of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare, under the penalty of perjury, that this application has been examined by me:

That statements made herein are made in good faith pursuant to Town Tax Laws and Regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant: _____

Printed Name: _____

Title: _____

Date: _____