

**Daniel Town**  
**Application for Business License**

Name of applicant\_\_\_\_\_

Address of applicant\_\_\_\_\_

Date of birth\_\_\_\_\_ Phone #\_\_\_\_\_

Name of business \_\_\_\_\_ e-mail\_\_\_\_\_

Mailing address\_\_\_\_\_

I/We hereby apply to conduct the business of (business nature)

\_\_\_\_\_

**COMPLETE THE FOLLOWING INFORMATION**

Home Occupation Yes ( ) No ( ) New business Yes ( ) No ( )

New building Yes ( ) No ( ) New Location Yes ( ) No ( )

New owner Yes ( ) No ( )

State License Number\_\_\_\_\_

I /We are familiar with the Ordinances under which this license is applied for and hereby agree to conduct said business strictly in accordance with the laws and Ordinances covering such business. This application is subject to approval of the Town Council of Daniel Town.( 3-1-5 Daniel code& Title 8)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If the license is not paid thirty (30) days after due date, or if the license is not obtained prior to opening the business, a penalty of 30% will be added for delinquency. All Licenses expire annually of the following year.**

*Make all checks payable to The Town of Daniel. Return all copies. Your copy will be mailed with your Business License.*

\*\*\*\*\*Office use only\*\*\*\*\*

Approved by / Date

Planning/zoning \_\_\_\_\_

Board of health \_\_\_\_\_

Sheriff \_\_\_\_\_

Other \_\_\_\_\_

Action of Town Council

The foregoing application is denied / approved by the Town Council this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

Town Clerk \_\_\_\_\_ Mayor \_\_\_\_\_

License # \_\_\_\_\_ License fee \_\_\_\_\_ Penalty fee \_\_\_\_\_

Inspection fee \_\_\_\_\_ other fees \_\_\_\_\_

Fire inspection fee \_\_\_\_\_ Health Department fee \_\_\_\_\_

Total fees \_\_\_\_\_ Check number \_\_\_\_\_

State License \_\_\_\_\_ Permit number \_\_\_\_\_

Home occupation \$60.00 (others see fee schedule)

May be subject to inspection fee,s.