

VILLAGE OF ASHLAND
BUSINESS LICENSE APPLICATION

APPLICATION NO.: _____

1. Applicant's Name: _____ Phone: (____) _____
2. Applicant's Address: _____
City: _____ State: _____ Zip: _____
3. Length of residence at above address: _____ years _____ months
4. Applicant's Date of Birth: __/__/____ Social Security No.: _____
5. Marital Status: _____ Name of Spouse: _____
6. Citizenship of Applicant: _____
7. Business Name: _____ Phone (____) _____
8. Business Address: _____
City: _____ State: _____ Zip: _____
9. Length of Employment: _____ years _____ months
10. All residences and addresses for the last three (3) years if different than above.

11. Name and address of employers during the last three (3) years if different than above.

12. List the last three (3) municipalities where applicant has carried on business immediately preceding the date of application.

13. A description of the subject matter that will be used in the applicant's business:

14. Has the applicant ever had a license in this municipality? () yes () no
If so, when: _____
15. Has a license issued to this applicant ever been revoked? () yes () no
If "yes", explain: _____
16. Has the applicant ever been convicted of a violation of any of the provisions of this Code, etc.7 () yes () no If "yes", explain: _____
17. Has the applicant ever been convicted of the commission of a felony?
() yes () no If "yes", explain: _____
18. LICENSE DATA: Term of License: _____
Fee for License: \$ _____
Sales Tax Number: _____
License classification: _____
19. LIST ALL OWNERS IF LICENSE IS FOR LOCAL BUSINESS (PERMANENT):

20. LOCATION OF BUSINESS: _____