

TOWN OF BEVERLY SHORES

Application for General Business License

All Business Licenses expire on December 31, each year

Name of Business _____

Physical Address of the Business _____

Mailing Address of the Business _____

- 1. Name(s) of Applicant, and capacity if the business name is different than the applicant

- 2. Type of Business _____

- 3. Phone No. _____ email _____

- 4. State the maximum number of employees on duty at any time _____

- 5. State whether there has been a change in the number of employees or the nature of the Business since the last license approval? _____

- 6. If there has been a change describe it _____

Attach the following as per Section 110.02 of the Beverly Shores Code of Ordinances

- A. A description of the merchandise to be sold, if for a vendor, and other information concerning the applicant and his/her business as may be reasonable and proper, having regard to the nature of the license desired.
- B. Receipt from Town Clerk for non-refundable Administrative fee.
- C. Submit a copy of current Porter County Health Permit (if required).

I certify the above information to be correct and true _____
Applicant's Signature / Date

DO NOT WRITE BELOW THIS LINE

Date received by the Town Clerk _____

Approved _____ Disapproved _____

Comments _____

_____ Fee

Assessed _____ Date Applicant Notified _____

I certify, to the best of my knowledge and belief, this permit is issued in conformance with all requirements on the Beverly Shores Code of Ordinances.

Clerk-Treasurer/Date

Town Marshall/Date

Permit # _____ Date: _____ Expiration Date: _____