



TOWN OF MILLINGTON
BUSINESS REGISTRATION APPLICATION

Name of Business: _____ Name of Business Owner _____

Physical Address: _____

Mailing Address: _____ City _____, State _____ Zip _____

Office Phone #: _____ Cell Phone #: _____ Home Phone #: _____

Fax #: _____ Email Address: _____ Web Page: _____

Property Owner's Information (if different from Business Owner):

Name of Property Owner(s): _____

Mailing Address: _____

Business Information:

Type of Ownership:

- Sole Proprietorship Partnership Nonprofit Organization
 Maryland Corporation LLC Non-Maryland Corporation

Type of Business (list of products & services): _____

Hours of Operation: _____

Licensing Information Required:

Traders License #: _____

State of Maryland License #: _____

Insurance Information Required:

Worker's Compensation Policy #: _____

General Liability Policy #: _____

Building Details:

_____ Type of Heating System _____ Type of HVAC System
_____ Fire Suppression System _____ Square Footage of Business Area

I hereby certify and agree that:

- 1) I am authorized to make this application,
- 2) That the information is correct,
- 3) I grant Town Officials and Town appointed personnel the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.

Applicant's Name _____

Applicant's Signature _____ Date _____

Date of Application: _____ Fee Paid: _____
Zoning Classification: _____ Floodplain: _____

APPLICATION HAVING BEEN MADE FOR A BUSINESS LICENSE, ALL STATE AND COUNTY LAWS MUST BE ADHERED TO AT ALL TIMES.
THE TOWN OF MILLINGTON HEREBY ISSUED THIS BUSINESS LICENSE PERMIT FOR A PERIOD OF ONE YEAR FROM THE DATE
HEREOF, CONTINGENT TO: _____

ZONING ADMINISTRATOR

DATE

November 2018