



TOWN OF WHITEHALL
BUSINESS LICENSE APPLICATION

1. Business Name: _____
2. Business Owner's Name: _____
3. Business Physical Address: _____
4. Mailing Address (if different): _____
5. Business Phone: _____ Cell Phone: _____
6. Is the above address in a residential area? _____, *if so, this application must be accompanied by a petition of approval by surrounding neighbors, in compliance with Whitehall Town Ordinance 5-02-050.*
7. Hours of operation from: _____ to: _____
8. Number of employees: _____
9. Description of Business: _____

10. Have you done business in Whitehall under another name: _____
If so, list previous name(s) and the reason for changing name(s).

11. Please fill out the following information:
 - a. Emergency call out information:
 - i. Name: _____ Phone: _____
 - ii. Name: _____ Phone: _____

Attached hereto is payment for my license fee. I hereby agree that a business license issued is subject to all of the terms and conditions of the Whitehall Town Code, town and county planning commissions, zoning ordinances and other applicable ordinances, and that I am bound by the said terms and conditions and that this license is not transferable, except that I may transfer the license to a different business site upon submittal of proper notification of the Town of Whitehall. Licenses expire on December 31st of each year.

Please sign, date and return completed application.

Signature: _____

Printed Name: _____

Signed this day of _____, 20_____

(If applicant is a corporation, show office held by person signing)

Business License: \$35.00

Office Use Only
PRE-APPROVED / DENIED by Mayor _____
APPROVED / DENIED by Council _____
Paid: _____ License #: _____