



TOWN OF MEDLEY BUSINESS TAX RECEIPT APPLICATION

FOR OFFICE USE ONLY

FEE _____ CHECK NO. _____

LIC. NO _____ DATE ISSUED _____

Change of Owner Business Name Change Change of Address
New Renewal

Name of Business _____

Business Address Street _____

City _____ State _____ Zip _____ Telephone _____

Mailing Address Street _____ Fax _____

City _____ State _____ Zip _____ Cellular _____

Business Type Manufacturing Wholesale Retail Other (Specify)

Type of products dealt in and/or type of service performed _____

List all chemicals that will be used or stored at this location _____

Property Owner Name _____ Property Owner Phone _____

Legal Entity Corporation Partnership Number of employees _____

Former Business Name _____

Former address of this business _____

PRINCIPALS OF THIS BUSINESS

Name _____ Address _____

Phone _____ Title _____ Birth Date _____

Name _____ Address _____

Phone _____ Title _____ Birth Date _____

Name _____ Address _____

Phone _____ Title _____ Birth Date _____

Manager Name _____ Title _____

Manager Telephone _____

Emergency Contact 1 _____ Telephone _____

Emergency Contact 2 _____ Telephone _____

Name of alarm company _____ Telephone _____

Applicant Name _____ Signature _____ Title _____

FOR OFFICE USE ONLY
INSPECTED AND APPROVED BY

SPECIFIC RESTRICTIONS

DATE _____

DATE _____

DATE _____

Provide Copies of License, Article
of Inc., Drivers License, yellow
copy of Fire Inspection