



TOWN OF BENNETT – BUSINESS LICENSE APPLICATION

Town Use Only	License Number:
	Business Name:
	License Fee: Payable to the Town of Bennett <input type="checkbox"/> \$15.00 Home Based Business <input type="checkbox"/> \$30.00 Non-home Based Business

Business Information	Trade (DBA) Name of Business <input type="checkbox"/> Sales Tax ID:
	Legal Name of Business
	Business Location Address (Cannot Accept PO Box)
	Street Unit# City State Zip
	Mailing Address (If different than location)
	Business Email Address Business Website Address
	Business Location Phone# Alternate Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Corporate
	Business Located In: <input type="checkbox"/> Commercial or Retail Building <input type="checkbox"/> Private Residence
	Date Business Started or Will Start in Bennett (MM/DD/YY)
	Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Leasing <input type="checkbox"/> Mfg/Processing <input type="checkbox"/> Other
	Describe The Nature of Business: Please Be Specific
	Will the business display, sell or rent any merchandise or items which could be characterized as sexually oriented, including but not limited to sex toys/appliances, novelties, products or packaging which displays nudity or erotic or so called X-Rated videos/DVD's? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Where are the Accounting Books and Records kept for this Business (If different from Business Location)
Business Name Contact Person Phone Number	
Street Unit# City State Zip	

Hours of Operation	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	From am/pm	From am/pm	From am/pm	From am/pm	From am/pm	From am/pm	From am/pm
	To am/pm	To am/pm	To am/pm	To am/pm	To am/pm	To am/pm	To am/pm

Town of Bennett Business License

Contact Information	Owner Phone
	Home Address

	Street	Unit#	City	State	Zip
	Manager		Phone		
	Address				
	Street	Unit#	City	State	Zip

In Case of Emergency, Please Contact		
Name	Address	After Hours Phone
Alarm Company	Phone	
Please Indicate the action you wish the Sheriffs Office to follow, if an open door is found at your business location		
<input type="checkbox"/> Enter the building <input type="checkbox"/> Call the emergency contact first		

Other Licenses	If you currently hold other Town of Bennett Licenses, please complete the following:		
	Type of License	License Number	Is this license to be closed upon issuance of the new license? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Are the businesses owned by exactly the same legal entity? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, please list owner information)		
	Owner	Address	Phone

Signature	It shall be unlawful for any applicant to knowingly provide any materially inaccurate, false, or misleading information on any license application. I hereby certify under penalty of perjury that the statements made herein are to the best of my knowledge true, correct, and complete. I hereby certify that I have completed and submitted the mandatory affidavit and required documentation.		
	Applicants Signature	Printed Name	Date

This Section for Town of Bennett Use Only			
	Town Clerk		
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date	Comments
	Building Department		
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date	Comments
	Town Treasurer	Date	
	Accounting Department	Date	
	Public Works Department	Date	
	Utility Department	Date	
	Website	Date	
	<input type="checkbox"/> Add <input type="checkbox"/> Remove		