

BUSINESS LICENSE APPLICATION

NAME: _____

ADDRESS: _____

PHONE#: _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

DO YOU CURRENTLY HAVE A LICENSE TO RUN A BUSINESS? YES NO

Below describe what accommodations would have to be made in order to run the business. (i.e. signs, advertisements, parking, storing equipment on or around property)

SIGNATURE/DATE: _____

All requests for a business application will be forwarded to the Keedysville Planning & Zonning . (P&Z meet the 2nd Monday of every month @ 7pm)