

TOWN OF GLOVERTOWN
Application To Operate A Business

Name of Applicant: _____

Address: _____

Phone Number: _____

Type of Business: _____

Location of Business: _____

I, _____, hereby apply for permission to operate the above noted business. I declare that all the information given by me in connection with this application is true and correct to the best of my belief.

Date: _____ Signature: _____

For office use only:

Permit Approved/Rejected: _____

Permit Number: _____

Comments: _____
