

TOWN OF CARLYLE

BUSINESS LICENSE APPLICATION

Date: _____

Name of Business: _____
(Please print clearly)

Mailing Address: _____

Nature of Business: _____

Location of Business: _____

Name of Applicant: _____

Business Telephone Number(s): _____

Business Fax Number: _____

Business Website Address: _____

Business E-Mail Address: _____

Would you permit us to include your business on the Town's website?
 Yes No

Signature of Applicant



For Office Use:

Class: _____ Fee Paid: \$ _____ Receipt Number: _____

Business License Issued: _____
(Date)