TOWN OF BEVERLY SHORES
Application for General Business License

Permit #_________
Date: ___________

Name of Business

1. Name(s) of Applicant, Officer(s), Partner, or Business Associate

2. Occupation(s) of Applicant, Officer(s), Partner, or Business Associate

3. Type of Business

4. Address of Business

5. Phone No. home_____________ email_____________

6. Dates of Requested License: from:_______________________ to:_________________________________

Attach the following as per Section 110.02 of the Beverly Shores Code of Ordinances
A. A description of the merchandise to be sold, if for a vendor, and other information concerning the applicant and his/her business as may be reasonable and proper, having regard to the nature of the license desired.
B. Receipt from Town Clerk for non-refundable Administrative fee.

Also, submit copy of current Porter County Health Permit (if required).

I certify the above information to be correct and true __________________________

Applicant’s Signature / Date

DO NOT WRITE BELOW THIS LINE

_________________________________  ____________________________
Date received by the Town Clerk  Disapproved

_________________________________
Comments

_________________________________
Fee Assessed Date Applicant Notified

I certify, to the best of my knowledge and belief, this permit is issued in conformance with all requirements on the Beverly Shores Code of Ordinances.

_________________________________  ____________________________
Clerk-Treasurer/Date  Town Marshall/Date

Approved by Plan Commission November 2017