

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 _____
Approved _____ 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