

**Town of Roseland
Business License Application**

Name of Business _____

Location of Business _____

City _____ State _____ Zip _____ Phone _____

Email _____

Mailing address if different from above _____

Nature of Business _____

If you are operation a apartment complex, please state number of units _____

Square footage of your building space in Roseland _____

Legal status of business:

_____ Corporation _____ Partnership _____ Sole Proprietor _____ LLC

Start Date of Business in Roseland _____

State Employer ID Number _____ Federal Tax ID Number _____

Owner/Officer Name _____ Social Security Number _____

Street Address City/State/Zip Phone

To the best of my knowledge, the above information is true and correct.

Applicant's Signature Date

*****Home Business Applicant's Please Complete The Home Business Questionnaire*****

For Office Use Only

Zoning Approval _____ Date Approved _____

Date Processed _____ Receipt Number _____

Amount _____ Initials of Receiving Clerk _____

Phone: 574-272-6485

Fax: 574-968-1424