



**CITY OF MILTON
BUSINESS LICENSE APPLICATION**

Fee \$25.00

Name of Business: _____

Address of Business: _____

Telephone Number: _____ Fax: _____

E-Mail: _____ Anticipated Open Date: _____

Nature of Business: _____

Business Owner (First Middle Last): _____

Mailing Address: _____

Telephone (Home): _____ Telephone (Cell): _____

Driver's License: _____ Date of Birth: _____

Building Owner: _____

Address: _____ Telephone: _____

Hours of Operation _____ AM PM to _____ AM PM

Number of Employees _____ Number of customers during business hours _____

Do you anticipate installing a sign for your business? YES NO

Does your business site have handicap accessibility? YES NO

Please present your drivers' license at time of application, a copy will be taken to include with this application.

Please allow up to 30 days for approval of application.

For office use only:	Permitted Use in Zoning: YES NO	TRC Required: YES NO
_____	_____	_____
Director of Public Works	Milton Fire Department	
_____	_____	
Police Chief	City Clerk	