



**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: \_\_\_\_\_

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Business Owner (First Middle Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Driver's License: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Building Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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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

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*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	Lakeside Fire-Rescue	
_____	_____	
Police Chief	City Clerk	