

VILLAGE OF BRIGHTON APPLICATION FOR BUSINESSS LICENSE/REGISTRATION

BUSINESS INFORMATION		Licens	se # Issued:
Business Name:		Email	:
Business Address:	Business Phone:		
Business Type:	Sales Tax # and Classification:		
Years In Business:	Hours of Operation:	Insurar	nce Co.:
Zoned:	Signage: YES NO	County Busin	ess License #:
APPLICANT INFORMATION			
Name:		Phon	e:
Address:		Citize	nship:
Length at above address:	DOB:	SS#:	
Marital Status:	Name of Spouse:		
Residences for the last 3yrs if different from above:			
Have you ever been convicted of a felony? YES NO			
List last 3 municipalities where applicant has carried on business:			
Have you ever had a license in the Village of Brighton? YES NO When:			
Have you ever had a license re	evoked? YES NO If	f 'yes', explain:	
County Health Department Inspection Must Accompany This Application			
I agree to keep my business in a safe condition by maintaining any and all buildings, keeping it free from accumulation of refuse, waste, and junk, stored wastepaper, cartons, boxes, and other flammable material. I agree to clean and sanitary conditions, free from flies, rodents, vermin, insects, decaying animal or plant matter. The business shall be kept in good repair so that persons are not injured by reason of any defects, unsafe or dangerous conditions, or substance or thing that would be dangerous to the health and safety of the public.			
SIGNATURE of APPLICANT			Date:
\$50.00 BUSINESS LICENSE FEE-Payable to the Village of Brighton Date:			
License shall expire on June 30 th .			
Zoning Inspector Signature (New Applications Only)			Date: