

**TOWN OF ATHENS
APPLICATION FOR BUSINESS LICENSE**

Owner or Principal Partner: Name _____
Mailing Address: Street _____
City _____
State _____ Zip _____
Phone _____

Manager if different than above: Name _____
Mailing Address: Street _____
City _____
State _____ Zip _____
Phone _____

Location of proposed business
Street Address _____
Mailing Address _____
Phone _____

Description of proposed business:
Business Name _____
Type: Sole Proprietorship ____ Partnership ____ Corporation ____
Other (explain) _____

Activity: _____

The undersigned agrees to abide by all the applicable ordinances of the Town of Athens in the course of preparing for, and operating, the above business. Any license issued as a result of this application is nontransferable (TOA Ordinance Chapter 4, Article 403.04) to any other business activity or owner at the above or any other address.

Application by: _____, Title _____ Date: _____

Athens Town Council Action: _____ Date: _____