



# Business License Application

## OFFICIAL USE

Permit Fee: \$25.00

Application Date: \_\_\_\_\_

Map-Lot: \_\_\_\_\_

Zone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

City State Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Owners/Partners Names	Owners/Partners Address	Owners/Partners Phone #s
Emergency Contact Names	Emergency Phone # 1	Emergency Phone # 2

I have secured or am in the process of securing all State and local licenses/permits required for my business to operate. Please list required licenses/permits:

\_\_\_\_\_  
\_\_\_\_\_

Have there been any public health, safety, or welfare problems occurring in the operation of the business or a similar business at the same location in the immediately preceding year, including but not limited to neighborhood complaints, disorderly customers, and excessively loud or unnecessary noise that initiated complaints to or required a response from the sheriff's department fire department or other municipal regulatory body or employee? ☐ Yes ☐ No

If Yes, please provide evidence of satisfactory resolution of any such complaint.

Applicant Signature: \_\_\_\_\_

The business named \_\_\_\_\_ is current with all Town fees, taxes and inspections, as well as compliant with all Town of Raymond Ordinances.

Code Enforcement Officer \_\_\_\_\_

Fire Inspector \_\_\_\_\_

Tax Collector \_\_\_\_\_

Conditions of Approval by Select Board:

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☐ Application Approved

☐ Application Denied. Denial Reason:

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Determination Date: \_\_\_\_\_

Notified Assessing: \_\_\_\_\_

Select Board Signatures:

\_\_\_\_\_  
Select Board Chair

\_\_\_\_\_  
Select Board Vice Chair

\_\_\_\_\_  
Select Board Member

\_\_\_\_\_  
Select Board Member

\_\_\_\_\_  
Select Board Member