

# Town of Rock Hall

## Business License Application

Name of Business:

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Address of Business:

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Telephone Number of Business:

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Type of Business:

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Name of Owner:

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Address of Owner:

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Telephone Number of Owner:

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The undersigned hereby certifies that he/she is the owner of the above referenced business, that the business meets all requirements of the Rock Hall Zoning Ordinance, and has received all necessary approvals from the Rock Hall Zoning Administration and/or Rock Hall Utility and has all required necessary State licenses.

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Date

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Signature

\$100.00

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Fee