



**TOWN OF MILLINGTON**  
**BUSINESS REGISTRATION APPLICATION**

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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

**Owner's Information:**

Name of Owner(s): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

**Business Information:**

Type of Ownership:

Sole Proprietorship

Partnership

Nonprofit Organization

Maryland Corporation

LLC

Non-Maryland Corporation

Type of Business (list of products & services): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Licensing Information Required:**

Traders License #: \_\_\_\_\_

State of Maryland License #: \_\_\_\_\_

**Insurance Information Required:**

Worker's Compensation Policy #: \_\_\_\_\_

General Liability Policy #: \_\_\_\_\_

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**I hereby certify and agree that:**

- 1) I am authorized to make this application,
- 2) That the information is correct,
- 3) I grant Town Officials and Town appointed personnel the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Fee Paid: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Floodplain: \_\_\_\_\_

APPLICATION HAVING BEEN MADE FOR A BUSINESS LICENSE, ALL STATE AND COUNTY LAWS MUST BE ADHERED TO AT ALL TIMES. THE TOWN OF MILLINGTON HEREBY ISSUED THIS BUSINESS LICENSE PERMIT FOR A PERIOD OF ONE YEAR FROM THE DATE HEREOF, CONTINGENT TO: \_\_\_\_\_

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**ZONING ADMINISTRATOR**

**DATE**