



**TOWN OF WHITEHALL**  
**BUSINESS LICENSE APPLICATION**

1. Business Name: \_\_\_\_\_
2. Business Owner's Name: \_\_\_\_\_
3. Business Physical Address: \_\_\_\_\_
4. Mailing Address (if different): \_\_\_\_\_
5. Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. Is the above address in a residential area? \_\_\_\_\_, *if so, this application must be accompanied by a petition of approval by surrounding neighbors, in compliance with Whitehall Town Ordinance 5-02-050.*
7. Hours of operation from: \_\_\_\_\_ to: \_\_\_\_\_
8. Number of employees: \_\_\_\_\_
9. Description of Business: \_\_\_\_\_  
\_\_\_\_\_

10. Have you done business in Whitehall under another name: \_\_\_\_\_  
If so, list previous name(s) and the reason for changing name(s).

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

11. Please fill out the following information:

- a. Emergency call out information:

i. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ii. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Attached hereto is payment for my license fee. I hereby agree that a business license issued is subject to all of the terms and conditions of the Whitehall Town Code, town and county planning commissions, zoning ordinances and other applicable ordinances, and that I am bound by the said terms and conditions and that this license is not transferable, except that I may transfer the license to a different business site upon submittal of proper notification of the Town of Whitehall.

Licenses expire on December 31<sup>st</sup> of each year.

**Please sign, date and return completed application.**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signed this day of \_\_\_\_\_, 20\_\_\_\_\_**

(If applicant is a corporation, show office held by person signing)

**Business License: \$35.00**

**Liquor & Gambling: \$125.00 plus business license**

**Office Use Only**

PRE-APPROVED / DENIED by Mayor \_\_\_\_\_

PRE-APPROVED / DENIED by Planning Board \_\_\_\_\_

APPROVED / DENIED by Council \_\_\_\_\_

Paid: \_\_\_\_\_ License #: \_\_\_\_\_