

BUSINESS LICENSE QUESTIONNAIRE FOR
HOME OCCUPATIONS

*This form must be completed and approved by the Town Manager prior to applying for a business license
Please allow two (2) weeks to process this form.*

Date: _____

Applicant's Name: _____

Business Name: _____

Address: _____

Development: _____

Telephone # _____ **Cell #** _____ **Fax #** _____

Description of Business (Be Specific): _____

Hours of Operation: _____ **Number of Potential Clients:** _____

Property Owner: _____

Address: _____

Telephone # _____ **Cell #** _____ **Fax #** _____

TOWN OF MIDDLETOWN USE ONLY

Tax Parcel No.: _____ Zoning District: _____

_____ Approval is only to allow request to proceed to Planning & Zoning and Mayor and Council for review of Conditional Use.

Approval Conditions: _____

_____ Use Not Approved

Reason: _____

- Contact Middletown Code Official to discuss compliance with current building codes.
- Non-Compliance with conditions shall be cause for revocation of business license.

Town Manager's Signature

Date