



THE CORPORATION OF THE TOWN OF MARATHON
BUSINESS LICENCE APPLICATION – STANDARD

Select only one:

- Fixed Commercial Business Location
Mobile Business Operation
Home-Based Business

1. IS YOUR BUSINESS? (check one)

Proposed Existing & Previously Licensed Existing- No Previous Licence
Please Indicate Previous Licenced year(s) and fees paid
(Please attach copy or original of licence(s))

2. ARE YOU APPLYING FOR? (check one)

Single Business Multiple Business (same address)
Please attach additional application form for each additional Business at the same municipal address.

3. WHAT TYPE OF BUSINESS? (check one)

Retail Service Manufacturing Other (specify)

Description of core Business
Products or Service Provided.

Number of years in Business (in Marathon) years.

4. BUSINESS DIRECTORY?

Would you like us to include your Business (name, address, phone & website/url only) along with your description of services/products, in our Business Directory and other Media formats (print ads, website).

NO YES Signature Date

BUSINESS INFORMATION

5. BUSINESS STRUCTURE

Please identify your Business as: Sole Proprietorship Partnership Corporation

6. BUSINESS NAME

(please print) Name, Not Registered
Name, Registered
Corporate Name

In the case of corporations or partnerships, please supply official number and copy of FORM 1 or Registration with application.

7. BUSINESS OPERATING NAME

(if different than business name)

8. BUSINESS LOCATION OR BASE: (Municipal Address/work from)

Phone Building
Fax Unit #
E-mail Street
Other Mailing
Number of years in Business year's

Does your business have a website? Yes No
If yes; website/url address:

PLEASE CONTINUE ON REVERSE SIDE.

9. BUSINESS OWNERSHIP: Who is legally responsible for the Business?

1 st Owner name (full) _____	2 nd Owner Name (full) _____
Address _____	Address _____
P.O. Box _____	P.O.Box _____
City _____	City _____
Phone _____	Phone _____
Alternate _____	Alternate _____

Attach additional sheet if required.

10. MANAGER/OPERATOR: Who is locally running your Business?

Name (full) _____, Position _____
 Contact #'s (_____) _____, (_____) _____

11. I CERTIFY THE INFORMATION I HAVE SUPPLIED TO BE CURRENT AND ACCURATE.

Name(print) _____ Signature _____ Date _____

Name(print) _____ Signature _____ Date _____

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Name(print) _____ Signature _____ Date _____

Name(print) _____ Signature _____ Date _____

APPROVAL/FEE ASSESSMENT SECTION

Date _____ Signature _____ Fee Assessed _____