

**CITY OF TROY BUSINESS LICENSE APPLICATION**

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Business Address (if different):** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Owner's Mailing Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Number of Employees (other than self):** \_\_\_\_\_

**Number of Employees in Troy:** \_\_\_\_\_

**Two Business or Personal References:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Annual License Fee of \$25.00 for period of 01/01/20\_\_ to 12/31/20\_\_ or any portion of the year.

Please return this form and payment to the City of Troy. Thank you.

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

**If other than owner please provide:**

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Receipt#:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_