

CITY OF STANDISH  
BUSINESS AND COMMERCIAL REGISTRATION  
PURSUANT TO ORDINANCE #118-A

**APPLICATION FOR CERTIFICATE OF REGISTRATION**

Applicant: \_\_\_\_\_  
(Full name of owner, name of partners or corporation title)

Firm Name: \_\_\_\_\_

Business Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Business Address: \_\_\_\_\_

Tax Returns to be Mailed to: (Name and address) \_\_\_\_\_

Nature of Business: \_\_\_\_\_

(Designate whether Retail, Wholesale, Manufacturing, service, etc., and specify Product or Service provided)

OPENING DATE OF BUSINESS: \_\_\_\_\_

Are you leasing or renting articles of tangible personal property? \_\_\_\_\_  
If Yes, from whom: (name and address) \_\_\_\_\_

Are you leasing or renting out tangible personal property? \_\_\_\_\_ Yes \_\_\_\_\_ No.

This business was formerly operated by: (Name and Registration No.) \_\_\_\_\_

Whose present address is: \_\_\_\_\_

Check whether you purchased: \_\_\_\_\_ Entire Business \_\_\_\_\_ Portion Only  
Branch

Check items purchased from former operator: \_\_\_\_\_ Fixtures \_\_\_\_\_ Equipment  
\_\_\_\_\_ Inventory \_\_\_\_\_ None.

IMPORTANT: STATE OR FEDERAL LICENSES APPLICABLE TO YOUR BUSINESS:  
\_\_\_\_\_  
\_\_\_\_\_

ALL PERSONS ENGAGING IN ANY BUSINESS ACTIVITY ARE SUBJECT TO THE ZONING REQUIREMENTS:

Approved: \_\_\_\_\_

FILL IN LINE APPLICABLE TO TYPE OF OWNERSHIP

\_\_\_\_\_ Sole Owner (Full name owner & spouse) \_\_\_\_\_

If operated by husband & wife check here: \_\_\_\_\_

\_\_\_\_\_ Partnership (Full name of partners) \_\_\_\_\_

\_\_\_\_\_ Corporation (Names of president and secretary) \_\_\_\_\_

Home address and telephone number of owner, partner, corporate officer:

Name, address, telephone number of nearest relative of owner or a partner not residing at your address - state relationship: \_\_\_\_\_

The undersigned hereby certifies that the information shown is correct to the best of his knowledge and belief.

\_\_\_\_\_  
(signature of preparer  
other than applicant or employee)

\_\_\_\_\_  
Signed by:  
(Owner, partner, corporate officer)

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Position

Date: \_\_\_\_\_