BOROUGH OF WOODBINE

BUSINESS REGISTRATION

Information Required:

Initial Application: _____ Renewal: _____

Type of Business: _____

Opening and Closing Dates: _____

Operating Hours: _____

Business Name: _____

Name of Business Owner: _____

Address of Business Owner: _____

_____

Business Telephone Number: _____

Business Operator Home Telephone Number: _____ (winter)

_____ (summer)

Name of Property Owner: _____

Address of Property Owner: _____

Telephone Number of Property Owner: _____ (winter)

_____ (summer)

Signature: _____ Date: _____