



TOWN OF NEW MARKET
39 West Main St.
PO Box 27
New Market, MD 21774

**TOWN OF NEW MARKET
BUSINESS LICENSE APPLICATION**

Application Date: _____ **New Application Fee: \$50.00** **Renewal Fee: \$25.00**

For Office Use Only:
Fee Paid: \$ _____ ***Check #:*** _____ ***Cash:*** _____ ***BL #:*** _____

Name of Applicant: _____

Address of Applicant: _____

Applicant Phone: _____ (C) _____

Applicant E-mail: _____

Type of Business: _____

Trading As: _____

Description of Goods or Services: _____

Name(s) of Owner: _____

Zoning District: _____

State License Number: _____

Plans and Specifications for building or improvements: _____

Number of Employees: _____

APPLICANT Signature: _____ **Date:** _____

For Office Use Only:
_____ **Approved by:** _____ **Date:** _____