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:** $~~100.00~~ 25.00 **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: _____