

Business License Application

Town of Corydon Business License Application

* Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	YYYY

* Business Name

* Business Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

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Country

* Phone Number

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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- -

* Business Owner Name

First Last

* Business Owner's Phone Number

- -

Business Email

* Key holder number 1 to contact in case of an alarm or emergency - name

* Key holder number 1 to contact in case of an alarm or emergency- phone number

- -

* Key holder number 2 to contact in case of an alarm or emergency - name

* Key holder number 2 to contact in case of an alarm or emergency-phone number

- -

Key holder number 3 to contact in case of an alarm or emergency - name

Key holder number 3 to contact in case of an alarm or emergency - phone number

 - -

Key holder number 4 to contact in case of an alarm or emergency - name

Key holder number 4 to contact in case of an alarm or emergency - phone number

 - -

* Alarm System Type

- ☐ Burglar
- ☐ Hold-up
- ☐ Audible
- ☐ Silent
- ☐ Fire
- ☐ Windows
- ☐ Motion Sensors
- ☐ Key Holder contacted by alarm company

List any hazards or potential hazards and their locations at the business of which officers and/or firefighters should be aware.

* Description of Business

* Hours of Operation

* Number of Employees

* Electric Company

* Gas Company

* Water Company

* Does your business hold all applicable State and Federal Licenses and Permits?

* Does your business have all required local signage and zoning permits?

