

# CITY OF FALMOUTH

## APPLICATION FOR OCCUPATIONAL LICENSE

1. Business name: \_\_\_\_\_
2. Address at which business is located: \_\_\_\_\_
3. Will business be operated from home:  YES  NO
4. Business mailing address (if different from above) \_\_\_\_\_
5. Business Telephone number: \_\_\_\_\_
6. State Tax Identification number: \_\_\_\_\_
7. Type of business entity:  Individual  Partnership  Corporation  Other/specify \_\_\_\_\_
8. Owner(s) of Business: If an individual, give name, date of birth, residence address, home telephone number and social security number; if partnership, give same as above for each partner; if a corporation, give name for President, Vice-President, Secretary, and Treasurer.

NAME	DOB	TITLE	ADDRESS	S.S. #

9. List a duly authorized representative of the business who is responsible for operating and managing the business in the City:

Name: \_\_\_\_\_ DOB \_\_\_\_\_ S.S.# \_\_\_\_\_  
 Title: \_\_\_\_\_ Residence: \_\_\_\_\_  
 Home Telephone #: \_\_\_\_\_ Night Emergency #: \_\_\_\_\_

10. Describe in full the operations and activities of the business: \_\_\_\_\_  
 \_\_\_\_\_

11. Date business began or will begin operation in City of Falmouth: \_\_\_\_\_

12. Have any of the persons listed in items 8 or 9 above ever had an occupational license or similar business license denied, or revoked or suspended in this City or any other City of State?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Have any of the persons listed items 8 or 9 above even been convicted of a felony, or a misdemeanor for which a jail sentence may be imposed, or any crime which involve moral turpitude, or any other crime which directly relates to a business of the type described in Item 9 above: Yes No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

14. Are hazardous materials or guard dogs, pets or other animals at the premises? If so, specify. Give any other information about the premises, which would be necessary or helpful to emergency personnel responding to a call there: \_\_\_\_\_  
\_\_\_\_\_

15. Is there any license, permit, degree, certification or similar document which the persons listed in Item 8 or 9 above or any employee of the business must possess as a legal prerequisite in the conduct of or employment in the business: Yes No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

16. Additional information: \_\_\_\_\_  
\_\_\_\_\_

WARNING: Statements made in this application are subject to verification and false or intentionally misleading statements may be cause for denial of the license applied for or, if a license is granted, revocation thereof upon discovery.

I hereby certify that I am duly authorized to act for the applicant and that the statements contained on this application are true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

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ZONING DISTRICT: \_\_\_\_\_ PERMITTED USE: \_\_\_\_\_

Issuance of a license is:

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved conditionally (conditions attached)

\_\_\_\_\_ Denied (notification to applicant attached)

\_\_\_\_\_  
CITY CLERK/TREASURER Date

