



CITY OF MORRISTOWN
Department of Finance
 Application For
BUSINESS TAX LICENSE

INCOMPLETE APPLICATIONS WILL BE
RETURNED UNPROCESSED

FOR DEPARTMENT USE ONLY	
Date Received:	_____
Date Written:	_____
License No:	_____
Classification:	_____
Account ID Number:	_____

1. Opening Date of Business at this Location: ____/____/____

2. Exact BUSINESS NAME for this location

Corporate Name

<i>Physical address of this location</i>	<i>Mailing Address</i>
3. Street Address. Do NOT use PO Box	Street Address or PO Box
City State Zip	City State Zip

4. Type of Ownership Proprietorship Partnership Corporation Other: _____

5. Describe the EXACT nature of business activity. Be specific.	Operation will be: <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale Type _____ <input type="checkbox"/> Both Retail & Whsl
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6. Business Phone	Will this business sell Alcoholic Beverages? _____ <i>If yes, check all that apply:</i> <input type="checkbox"/> Retail Beer <input type="checkbox"/> On Premise Beer <input type="checkbox"/> Retail Liquor <input type="checkbox"/> Off Premise Beer
Business Fax or email	
Fed ID No	
Sales Tax No	

7. Identify the owner(s), officers and/or partners. Attach additional sheets if necessary.

a. Last Name First Name MI Proprietor Partner Officer
 Other _____

Street Address. Do NOT use PO Box	Phone Number
City State Zip	Social Security Number

b. Last Name First Name MI Proprietor Partner Officer
 Other _____

Street Address. Do NOT use PO Box	Phone Number
City State Zip	Social Security Number

c. Last Name First Name MI Proprietor Partner Officer
 Other _____

Street Address. Do NOT use PO Box	Phone Number
City State Zip	Social Security Number

8. TOTAL APPLICATION FEE* **\$ 20.00**

*This application must be received within twenty (20) days from the commencement of business or penalty and interest will apply. Please call the Tax Office for calculation of additional fees if applicable.

THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

9. _____

Signature of Owner, Partner or Corporate Officer (Do Not Print)

Date