

**CITY OF GREENDALE
GREENDALE, IN 47025
APPLICATION FOR MERCHANDISING/BUSINESS LICENSE**

**PROPOSED NAME OF
BUSINESS:** _____

**STREET ADDRESS OF PROPOSED
BUSINESS:** _____

**NAMES/ADDRESSES OF ALL OWNER, PARTNERS, RESIDENT AGENT, OFFICER(S) OF
CORPORATION (USE ATTACHMENTS AS NEEDED):**

**NATURE OF PROPOSED
BUSINESS:** _____

**NAMES/LOCATIONS OF ALL OTHER BUSINESSES OWNED OR PREVIOUSLY OWNER BY
APPLICANT(S) (USE ATTACHMENTS AS NEEDED):**

**STATEMENT AS TO ANY CONVICTIONS INVOLVING ILLEGAL OPERATION OF
MERCHANDISING LICENSE ESTABLISHMENT OF
APPLICANT(S)** _____

**AUTHORIZED
SIGNATURE:** _____

PRINT: _____

**SIGNATOR
ADDRESS:** _____

TELEPHONE: _____

**EMAIL
ADDRESS:** _____

**TITLE/RELATIONSHIP TO PROPOSED
BUSINESS:** _____

**APPLICATION FEE \$50.00
DATE PAID:** _____

APPROVED: _____ **DATE APPROVED:** _____