



BUSINESS PROPERTY DIVISION

NEW BUSINESS REGISTRATION

Name of Owner: _____

Type of Ownership: _____

Doing Business As (DBA): _____

Mailing Address: _____

Location of Business: _____

Type of Business: _____

Date Started: _____

Do you have other location(s) within the County? ☐ Yes ☐ No

If yes, please indicate other location(s): _____

Date started: _____

Did you move from other location within the county? ☐ Yes ☐ No

If yes, please indicate previous location: _____

Date moved: _____

Remarks: _____

Contact Person: _____

Telephone # _____

Title: _____

E-mail: _____