## BUSINESS REGISTRATION APPLICATION TOWN OF STAR CITY

## Please Apply For All Types Of Registration Needed On This Form

I hereby apply for a business registration to conduct the types of business marked below in the Town of Star City for the Fiscal Year **July 1 to June 30** 

☐ Attorney	\$25.00		\$25.00
☐ Auctioneer	\$25.00		\$25.00
☐ Barber/Beautician/Manicurist	\$25.00	☐ Bank or Other Financial Institution	\$25.00
☐ Hotel/Motel	\$25.00	Amusements	\$25.00
☐ Insurance Company	\$25.00	☐ Dentist/Orthodontist	\$25.00
Physician/Surgeon/Podiatrist	\$25.00	Engineering/Architecture	\$25.00
Restaurant	\$25.00	Handyman Contractor	\$50.00
Store (establishment that sells goods)	\$25.00	☐ Mobile Vendor	\$50.00
Veterinarian	\$25.00	Other	
Beer (non-intoxicating)	7-3:33	Other Business Not Listed	\$25.00
Class A/Class B	\$100.00	Please Specify:	<b>723.00</b>
Distributor	\$250.00	Non-Profit	\$0.00
Wine	Ψ230.00		φο.σσ
Distributor (Wholesale)	\$2,500.00		
Retailer (Grocer)	\$2,300.00		
<del></del>	\$130.00		
<u>Liquor</u>			
Fraternal Non-Profit	\$375.00		
Private Club			
Less than 1000 members	\$500.00		
More than 1000 members	\$1,250.00		
Failure to secure a new license before July 1st will make y	ake you liable to punish		
fraction thereof, delinquent.		Die aus a Niversia aus	
Business Name:		Phone Number :	
Business Address:			
Mailing Address (if different):			
<b>Email Address for Renewal and Tax</b>	Reminders:		
List Names of All Owners, Partners of	or Corporate Off	icers:	
Name	<u>Title</u>	Address	<u>Phone</u>
	<u> </u>	<u></u>	<u></u>
1)			
2)			
3)			
4)			
5)			
Contact Name (Print):		Signature:	
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Registration Amount:			