

**CITY OF ST. JOHNS
APPLICATION FOR BUSINESS REGISTRATION**

Address of
Proposed Location: _____

Business Name: _____

Please describe the nature of the business:

Name of Business Owner: _____

Home Address: _____

Phone: _____ Fax: _____

In case of emergency, contact: _____
Phone: _____

Do you store hazardous materials? Yes No

If yes, describe and locate: _____

Please note, certain businesses may require a City License, including:

- Sale of Alcoholic beverages
- Peddlers, Canvassers, and Transient merchants
- Dealers in Second Hand Goods and Junk Dealers
- Traveling Shows for Entertainment
- Pool Rooms and Bowling Alleys
- Public Dance Halls
- Taxicabs
- Telecommunications

Business Owner Signature: _____

Date: _____