



TOWN OF SARATOGA

PO BOX 486

PHONE: 326-8335

APPLICATION FOR BUSINESSES

DATE: _____

FEE: NONE

APPLICANT NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

TELEPHONE NO. _____ FAX NO. _____

TYPE OF BUSINESS: _____

LOCATION OF BUSINESS: _____

PROOF OF INSURANCE: YES NO

BOND REQUIREMENT: _____

The applicant agrees to comply fully with the Saratoga Municipal Code and declares that the foregoing information contained in this application is true and correct.

Applicant Signature _____ Date _____

THE FOLLOWING IS FOR OFFICIAL USE ONLY

APPROVED BY: _____ DATE: _____