For Office Use: Reviewed by:	Date:	Willamina	
Approved by:	Date:	TIMBERTOWN U.S.A.	
<b>BUSINESS LICENSE APPLIC</b>	ATION	0	
BUSINESS NAME:			
PHONE:			
BUSINESS PHYSICAL ADDRESS:			
BUSINESS MAILING ADDRESS:	CITY	STZIP	
TYPE OF BUSINESS:			
OWNER(S) NAME:		NO OF EMPLOYERS:	
CONTACT PERSON:	P	PHONE #:	
EMAIL:			
IS THIS BUSINESS CONDUCTED OUT OF YOUR HO	OME? ( ) YES	( ) NO	
Please list all types of Amusement Devices (If	any):		
Number of Devices: Video Games	Pool Tables	Other	
For Office Use Only:			
Fee Paid Date Paid			
Type of License Issued ( ) Yearly ( )			
* YEARLY BUSINESS LICENSI	ES ARE VALID FROM APRIL 1 T	HROUGH MARCH 31	