



**BUSINESS REGISTRATION APPLICATION**

Application Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Type: Individual Partnership Corporation Other \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Is this business regulated by a state occupational licensing board? \_\_\_\_\_

If so, please provide state and state registration number: \_\_\_\_\_

Under penalty prescribed by law, I hereby affirm that the information provided on this application is true to the best of my knowledge and belief.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

This application must be filed with the Town of Harrisburg Planning and Zoning Department prior to opening a new business and renewed annually. Upon approval of application, a certificate will be issued. No person, unless exempted, may conduct any business within the Town without first acquiring a Business Registration Certificate pursuant to Town Code Chapter 110: Business Registrations.

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**For Office Use Only**

Date: \_\_\_\_\_ Received by: \_\_\_\_\_