## VILLAGE OF VILNA BUSINESS LICENSE APPLICATION

DATE:			
BUSINESS NAME	E:		
OWNER OR CON	TACT PERSON:		
STREET ADDRES	SS:	PHONE:	
MAILING ADDR	ESS:		_
Business Is:	Incorporated Company Partnership Sole Proprietorship		_
DESCRIPTION OF	F BUSINESS ACTIVITIES:		
	G APPLICATION:	PHONE:	
SIGNATURE OF A	APPLICANT:		
For Office Us			
APPROVED: _		DATE:	
DATE:	\$	RECEIPT #:	BL#:
Date:	\$	RECEIPT #:	BL#:
DATE:	\$	RECEIPT #:	BL#:
Date:	\$	Receipt #:	BL#: