

**Town of Bergman - Business License Application**

This application is for: a new business license \_\_\_ a license renewal \_\_\_ a location change \_\_\_  
(check which one applies)

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

Type of Business: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Website (if available): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Owner Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Total employees: \_\_\_\_\_ 30+ hours per week: \_\_\_\_\_ Less than 30 hours per week: \_\_\_\_\_

Building total Square feet: \_\_\_\_\_ Number of marked exits: \_\_\_\_\_

Number of fire extinguishers provided: \_\_\_\_\_

Is a Fire protection system (fire alarm/sprinkler systems) provided?: \_\_\_yes\_\_\_ no

If assembly occupancy, is occupant load posted?: \_\_\_\_\_

Building Owner(s) Name: \_\_\_\_\_ Owners Phone: \_\_\_\_\_

Owners Address: \_\_\_\_\_

List any special hazards and/or hazardous materials that may be associated with your business:

\_\_\_\_\_

\_\_\_\_\_

If a relocation:

Old address: \_\_\_\_\_ Old Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For first-time applicants, please file this form along with a check to the Town of Bergman for \$100.00 For applicants renewing their application, please file this form along with a check to the Town of Bergman for \$50.00.