

**TOWN OF YORK
LICENSE APPLICATION:
RENTAL OF FLOATS**



INSPECTION DATA (OFFICE USE ONLY)

DATE: _____
 TIME: _____
 CEO APPROVAL: _____
 FIRE APPROVAL: _____

BUSINESS NAME: _____

LICENSE FEE: \$1250.00
 (Established by Board of Selectmen at 5% of annual

BUSINESS LOCATION: _____

LICENSE YEAR: _____

TELEPHONE NUMBER: _____

CURRENT LICENSE EXPIRES: _____

OWNER'S NAME AND MAILING ADDRESS: _____

PRIMARY BUSINESS: YES NO

APPLICANT'S NAME AND MAILING ADDRESS _____

STATE LICENSE: YES NO

STATE LICENSE #: _____

STATE LICENSE EXPIRES: _____

I CERTIFY THE ABOVE STATEMENTS ARE TRUE AND UNDERSTAND FALSE STATEMENTS MAY BE JUST CAUSE TO REVOKE A LICENSE.

DATE

APPLICANT'S SIGNATURE

OFFICE USE ONLY

- CONFORMING USE
- NONCONFORMING USE
- EXISTING
- ACCESSORY

LICENSING BOARD ACTION: APPROVED

DENIED

DATE OF HEARING: _____

DATE

AGENT FOR BOARD OF SELECTMEN

AMT. REC'D: _____

CHECK NUMBER: _____

DATE RECEIVED: _____