

**Name of Owner:** \_\_\_\_\_

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

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

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

**Type of Business or Service Performed:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Date Business began in Marlborough:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_