TOWN OF BERWICK

BUSINESS APPLICATION FOR CODE

MAP_____ LOT_____ DATE_____

NAME_____

BUSINESS NAME _____

MAILING ADDRESS_____

TOWN_____ STATE_____

HOME PHONE_____ BUSINESS PHONE_____

EMAIL ADDRESS_____

OF BATHROOMS_____ HANDICAP ASSESSIBLE? Y/N

DESCRIBE IN DETAIL THE NATURE OF THE BUSINESS

_____
_____
_____
_____

DATE_____   SIGNED_____

FEE $25.00

APPROVED_____

DENIED   _____

DATE_____   SIGNED_____

CODE ENFORCEMENT OFFICER