

2024 NASHVILLE BUSINESS LICENSE

Type or print legibly all requested information.

Business Name: _____ Business Phone No: _____

Physical Address of Business (Not P.O. Box): _____

Mailing Address of Business: _____

Business Owner(s) Name(s): _____ Phone No: _____

Address: _____ Cell No: _____

E-mail Address: _____

(If unable to contact above)
Emergency Contact Name: _____ Cell/Phone No: _____

If you rent, please furnish the full and complete name, address, and phone number of your landlord:

Landlord Name: _____ Phone No: _____

Address: _____ Cell Phone No: _____

Is your business (Check applicable): Sole Proprietorship Partnership Corporation Other

Type of Business: _____ General Type of Merchandise Sold: _____

- A.** Does your business involve the sale and/or serving of food or beverages? Yes No
If yes, approval of the Brown County Health Department is required before this license can be issued.
- B.** Will you be remodeling or making exterior changes/improvements at said location? Yes No
If yes, approval of the APC & DRC is required before this license can be issued.
- C.** Is this a: Renewal License – Will there be any changes in the existing signage? Yes No
 New License – Will you have any signage? Yes No
 Relocation – Will you have any signage? Yes No
(If the business license applicant intends to display changed or new signage the applicant must, within 45 days of the issuance of their license, obtain a sign permit for said changed or new signage.)

I hereby affirm under the penalties of perjury that the above information that I have provided is true and accurate. If there are any changes to the above information, I will notify the Town of Nashville within ten (10) days of said change. If any of the information furnished herein is determined to be false, the license issued shall be subject to summary revocation.

I further certify that I will comply with all State and Federal laws and all ordinances of Brown County and the Town of Nashville. I acknowledge that this license is conditional upon compliance with said laws and ordinances and may be revoked without notice for non-compliance.

Applicant's Signature _____ Date _____

Sign and return this form and payment in the amount of **\$75.00** to:
Nashville Town Hall, P.O. Box 446, Nashville, IN 47448.

BUSINESS LICENSE MUST BE OBTAINED BY JANUARY 31ST OR A \$100.00 A DAY FINE WILL BE IMPOSED.

FOR OFFICIAL USE ONLY

TOWN HALL

SIGNAGE APPROVAL

License No. _____ Receipt No. _____ Docket No. _____

Approved By _____ Date _____ Date Approved _____

Notes _____

PLAN COMMISSION

HEALTH DEPARTMENT

Zoning District _____ Approved By _____

Approved By _____ Date _____ Date _____