

CITY OF CHESTER
APPLICATION FOR GENERAL BUSINESS LICENSE

_____ New Application _____ Change of Address or Ownership

Business Name: _____

Business Address: _____

Mailing Address: _____
 (if different than business address)

Business Phone: _____

E-Mail Address: _____

Corporate Name: _____

Corporate Address: _____

Corporate Phone: _____

Business Type: _____ EIN: _____

Please list the names in order that you wish to be contacted in the event of an after hour emergency:

NAME	ADDRESS	HOME PHONE	CELL PHONE

Business Hours:

Monday: _____ to _____

Friday: _____ to _____

Tuesday: _____ to _____

Saturday: _____ to _____

Wednesday: _____ to _____

Sunday: _____ to _____

Thursday: _____ to _____

Name of Alarm Company: _____

Additional Information (guard dogs, weapons, fire alarm system, safe on premises, etc.)

Date Issued: _____

Amount: _____