BUSINESS LICENSE AGREEMENT

Town of Mason

12157 Main Street

Mason TN 38049

901-294-3525 Phone

901-294-2307 Fax

**(ALCOHOLIC BEVERAGES)**

Gwendolyn Kilpatrick, Mayor

[MasonMayorGKilpatrick@rittermail.com](mailto:MasonMayorGKilpatrick@rittermail.com)

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In keeping in compliance with The Town of Mason requirements for a new business license, the following information must be provided:

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

Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Inspection Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Received: YES NO

Application Received: YES NO

Application Complete: YES NO

Lease Agreement Received: YES NO

Non-Refundable Application Fee $350 (includes Background Check & Newspaper Ad)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Owner Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town of Mason Representative Date