

# CITY OF FLATWOODS BUSINESS INFORMATION

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*The following information is necessary for our records and will be held in strict confidence.*

1. Business Name: \_\_\_\_\_
2. Owner Name: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Describe the nature of your business: \_\_\_\_\_
7. Is this an "in home" business: \_\_\_\_\_ if yes, please read the back of the page and sign.
8. Date operations started in Flatwoods: \_\_\_\_\_
9. Where would you like future paperwork sent to?  
\_\_\_\_\_

*I hereby certify that all information and statements herein are true and correct.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)