

Permit Number: \_\_\_\_\_

## **TOWN OF HILLSBOROUGH**

### **BUSINESS OCCUPANCY PERMIT APPLICATION**

#### **INSTRUCTIONS**

Please return the completed application form, and application fee of \$50.00 to:

Town of Hillsborough

27 School Street

P.O. Box 7

Hillsborough, NH 03244

Phone: (603) 464-3877 / Fax: (603) 464-4270

Email: [Nancy@hillsboroughnh.net](mailto:Nancy@hillsboroughnh.net)

***Applications must be complete. Incomplete applications will not be accepted.***

#### **BUSINESS OWNER**

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### **PROPERTY INFORMATION**

Map Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Zone: \_\_\_\_\_

Location (include street address and directions): \_\_\_\_\_

#### **PROPERTY OWNER**

Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### **BUSINESS DESCRIPTION**

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

Type of Business: \_\_\_\_\_

Description of Business Activities: \_\_\_\_\_

Hazardous Chemicals/Materials to be stored on the premises: (Use additional sheets if necessary)

Date of Planning Board Approval of Proposed Site Plan: \_\_\_\_\_

**Penalty equal to double the permit fee will be charged for opening business to the public without obtaining a business occupancy permit. Fee Paid: \$ \_\_\_\_\_**

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Business Owner