

**LEONI TOWNSHIP
USED MOTOR VEHICLE LICENSE APPLICATION**

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

OWNERS/DEALER NAME _____

OWNERS/DEALER ADDRESS _____

OWNERS/DEALER PHONE NUMBER _____ **DATE OF BIRTH** _____

CONTACT PERSON _____ **PHONE** _____

RECORDED DEED HOLDER _____

NATURE OF BUSINESS _____

DAYS PER WEEK OF OPERATION _____

DAILY HOURS OF OPERATION _____

NUMBER OF EMPLOYEES _____

DURATION OF OPERATION: SEASONAL _____ **YEAR-ROUND** _____

ZONING CLASSIFICATION OF PROPERTY _____ **SIZE OF LOT** _____

NUMBER OF BUILDINGS WITH SQUARE FOOTAGE OF EACH _____

AMOUNT OF OFF-STREET PARKING IN SQUARE FOOTAGE _____

SALES TAX LICENSE# _____

COPY OF INSURANCE COVERAGE

NEW AND RENEWED LICENSES ARE DUE ON OR BEGORE APRIL 15TH OF EACH YEAR.

LICENSE FEE \$100.00

SIGNATURE OF OWNER _____

**I HEREBY ACKNOWLEDGE THE ABOVE INFORMATION TO BE ACCURATE TO THE
BEST OF MY KNOWLEDGE.**

SIGNATURE _____

DATE _____

APPROVED BY _____

DATE _____