

NEW BUSINESS NOTIFICATION FORM

NAME OF BUSINESS _____

NAME OF OWNER _____

HOME ADDRESS _____

HOME TELEPHONE _____

NAME OF MANAGER _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE _____

BUSINESS FAX _____

BUSINESS EMAIL _____

HOURS OF OPERATION _____

DATE OF OPENING _____

TYPE OF BUSINESS _____ STORE-FRONT _____ HOME-BASED

If Home-Based, would you like your Name & Phone Number published in a Home-Based Business Directory?

BUSINESS DESCRIPTION _____

OTHER INFORMATION _____

Notification should occur within 24 hours of application, with copies to the following:

Town Manager/Reading Board
Mayor
Treasurer

Chairman of EDC
Chairman of EDAC
Police Dept.