

# The Village of Lockland

## Business Registration

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

Business Address: \_\_\_\_\_

Business Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_

Landlord: \_\_\_\_\_

Landlord's Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone #: (    ) \_\_\_\_\_ - \_\_\_\_\_

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

Normal Business Hours:	Sunday	_____ - _____
	Monday	_____ - _____
	Tuesday	_____ - _____
	Wednesday	_____ - _____
	Thursday	_____ - _____
	Friday	_____ - _____
	Saturday	_____ - _____

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