

**APPLICATION
VIENNA TOWNSHIP
USED EQUIPMENT SALES LICENSE**

NAME OF FIRM OR CORPORATION:

Check one: Person
 Firm
 Corporation

ADDRESS OF BUSINESS:

NUMBER OF AND KIND OF EQUIPMENT:

APPLICANT'S NAME: _____

APPLICANT'S PLACE OF RESIDENCE ADDRESS:

PHONE NUMBER: Business _____ Residence _____

SIGNATURE OF APPLICANT: _____

DATE: _____

FEE: \$150.00

Michelle Falardeau, Deputy Clerk