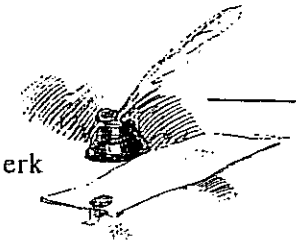
Town of Lisbon

Twila Lycette, Town Clerk



APPLICATION FOR A MUNICIPAL LICENSE

License Type: Manufactured Housing/Mobile Homes & Trailers

Owner: _____ Home Phone: _____

Owner's Home Address: _____

Residence(s) for last five years: _____

Name of Park: _____ Business Phone: _____

Location of Mobile Home Park: _____

List Applicant / Partners / Corporate Officers:

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Has applicant's business license ever been revoked: _____

If so, why? _____

_____

Has any applicant / partner / corporate officer ever been convicted of a felony? _____

If so, describe specific circumstances _____

_____

I, _____(name), _____ (title) is authorized to sign on behalf of said business, and further declare that the forgoing information is accurate and true to the best of my knowledge and belief, and that the applicant does hereby acknowledge a public records check may be conducted.

Signature: _____ Date: _____

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