

**APPLICATION FOR BUSINESS LICENSE  
WAYNE COUNTY AUDITOR'S OFFICE**

Name of  
Business \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Web Address \_\_\_\_\_

Owner or Manager \_\_\_\_\_

Description of Business \_\_\_\_\_

\_\_\_\_\_

Misc. Information \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Yearly Fee \_\_\_\_\_

Signature of Applicant \_\_\_\_\_