

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: _____