# TOWN OF WESTFIELD

425 East Broad Street*Westfield, NJ 07090
(908) 789-4033

## FLORIST LICENSE APPLICATION

***Sec. 9-16***

BUSINESS _____

ADDRESS _____

_____

_____

PHONE: (_____)_____

CONTACT PERSON _____

***Fee $25.00 - Make check payable to: The Town of Westfield***

Date_____ Signature_____

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**FOR OFFICE USE ONLY**

DATE REC'D_____

CHECK# _____M.O._____CASH _____

LICENSE NO._____ DATE ISSUED_____

COMMENTS:

Rev 4/27/06