

## NON-DOMICILED BUSINESS REGISTRATION

**(\$25.00 fee applies)** 

Name of Business:			
Owner/Agent Name:			
Business Address:			Suite #
Mailing Address:(If different)			Suite #
Telephone Number:		Fax Numb	oer:
E-Mail Address:	Website:		
Nature of Business:			
P.B. County Business Ta (Copy of Receipt Required)	x Receipt #		
********		**************************************	·*************************************
Copy of General Liability an	d Worker's Co	mp Insurance pro	ovided (if applicable)?
Vehicle make:	Model:	Year:	Lic Plate:
NPB Sticker#:			
Fee Paid? Amount: \$	Ca	sh or Check#	Date: