

**CITY OF GROVE CITY
MERCHANT LICENSE APPLICATION**

Name of applicant: _____

Address of applicant: _____

Driver's License # _____

Type of business for which license is desired: _____

Place where business is to be carried on: _____

Length of time for which the license is desired: _____

General description of items to be sold: _____

Places of residence of the applicant for the five (5) years preceding the date of application.

Approved this _____ day of _____, 200__.

BY: _____
Mayor

ATTEST: _____
City Admin./Clerk/Treas.