

Town of Victoria

APPLICATION FOR BUSINESS LICENSE

For period beginning _____, and ending December 31, _____

APPLICANT:

Business Name: _____

Applicant's Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

- | | |
|---|----------|
| <input type="checkbox"/> Business Startup License | \$30.00 |
| <input type="checkbox"/> Peddlers License | \$100.00 |

Applicant Signature: _____

Non-Discrimination Statement:

“The Town of Victoria is an equal opportunity provider and employer.” If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov .”