

REGISTRATION FOR MINOR HOME OCCUPATION

TOWN OF SALISBURY
9 OLD COACH ROAD
PO BOX 214
SALISBURY NH 03268

NAME _____ DATE _____

MAILING ADDRESS _____

TAX MAP & LOT NUMBER _____

Physical description of the property if different than mailing address: _____

Type of Home Occupation (describe in detail): _____

Have you talked to your neighbors about your Home Occupation? (Circle one) YES / NO

NOTICE: If your Minor Home Occupation changes or grows you must re-register your business.

FOR ADMINISTRATIVE USE ONLY

Date Received _____

Minor Home Occupation _____