Phyllis Wooldridge-Deputy Registrar Carol Chamberlin-Registrar License # Date Fee: \$100.00 DRY CLEANING/LAUNDROMAT ESTABLISHMENT APPLICATION NAME OF BUSINESS _____ BUSINESS ADDRESS ______ BUSINESS PHONE _____ FAX _____ BUSINESS OWNER NAME ______ BUSINESS OWNER ADDRESS _____ PHONE _____ EMAIL ____ TYPE OF CLEANERS: (check one) ☐ Dry Cleaners ☐ Laundromat ☐ Coin-operated/Self-service ☐ Commercial

Number of dry cleaning machines _____ Number of dryers _____