Business License Application

Name:
Class or section number:
Name of business:
Product or service:
How many hours do you expect to spend per week on your business?
How much will you charge per item or hour of service?
What do you expect your monthly total earnings to be? Note: *All payment is with classroom cash. No real money will be paid.*
Resources or supplies needed:
Teacher approval:
Parent approval *(if business requires after-school time or home resources)*:

Note: *Give your approved license to your teacher to keep on file.*

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