

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 Banker to keep on file.