



File# \_\_\_\_\_

New  Change in Information

Non-Refundable Fee: \$175.00

**Application Information:**

\*Note: Permit will not be issued the same day as the application receipt

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Business Information:**

Name: \_\_\_\_\_ Business Phone#: \_\_\_\_\_  
Business Site Address: \_\_\_\_\_  
Business Email: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**Applicant Status:** (circle one) Owner Agent Tenant Contract Buyer

**Property Owner Information:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Business Information Cont.:**

Business was established: \_\_\_\_\_ Number of Employees (full and part time): \_\_\_\_\_  
Date

Days of Operation: \_\_\_\_\_ Hours: \_\_\_\_\_

Business Contact: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Number of paved parking spaces: \_\_\_\_\_

**Business Development Permit Checklist:**

	(circle one)	
Site Plan, Plat Map and Floor Plan	Yes	No
Agency Checklist (if applicable)	Yes	No
Smoke Detectors (if public access)	Yes	No
Fire Extinguishers (if public access)	Yes	No

**Breif Description of Type of Business and Goods/Services that will be Sold/Provided:**

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I certify that all information, statements, attachments and exhibits transmitted herewith are true to the best of my knowledge

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner or Representative Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Payment:      Check # \_\_\_\_\_      Cash \$ \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Declined: \_\_\_\_\_

Comments:

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