001-0000-321-0000 $25.00 Processing Fee
001-0000-323-0000 $____ Inspection Fee

Local Business Tax Receipt Application Form

Pursuant to City Code §16-17

BUSINESS INFORMATION:

Business Name (DBA): _____

Business Address: _____ Zip: _____

Office ____ Store _____ Warehouse _____ Home/Apartment _____ Hotel/Motel _____

Corporate Name: _____

President's Name: _____ Email: _____

President's Mailing Address: _____

Federal Employer I.D. _____ Folio #: _____

Phone # (Business) _____ (Cell) _____ DL # _____

NATURE OF BUSINESS: _____

_____

Number of Employees: _____ Amusement Machines: _____ Rooms/Apts. ____ Restaurant/Seats: _____

Alcohol? _____ Service Station Hoses:_____ Vending Machines: _____ Washers/Dryers: _____ Hours of Operation: _____

Sq. Footage Retail: _____ Storage: _____ Are you sharing a space? _____

Will there be any renovations, alterations or repairs made to the premises? _____ If yes, explain what type of work will be done: _____

_____

The above information is true and complete to the best of my knowledge.

_____ _____ _____

Applicant Name **Applicant Signature** **Date**

NOTICE TO APPLICANT:

This application will be forwarded to the appropriate department for approval. The premises must be accessible for inspections, a $35 fee per inspector will be added to your BTR once approved by zoning. If the use does not conform to the zoning, the application will be denied until all approvals required for the intended use are obtained.

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

ZONING:

FLUM Designation: _____ Current Zoning: _____

Zoning District Permitted Use Category: _____

Does the intended use constitute a Change of Use? _____. If the use is not allowed in the zone, what must the applicant do to obtain approval for the use? _____

Zoning Approved: _____ Approved by: _____ Date: _____