



# BUSINESS LICENSE APPLICATION

## City Review and Approval

PLEASE PRINT CLEARLY – All questions must be answered.

Please check one: ☐ New Application ☐ Change of Address

Business Name \_\_\_\_\_

Business Address (Include Unit No.) \_\_\_\_\_

Owner(s) of Business \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### Business Location Information

1. Is the business located on the: ☐ Ground floor ☐ Upper floor (indicate the Floor No.) \_\_\_\_\_
2. Square footage of: Business/Unit: \_\_\_\_\_ Warehouse: \_\_\_\_\_ Office Space: \_\_\_\_\_
3. Is this a sublease? ☐ Yes ☐ No If yes, provide the business name of the primary tenant: \_\_\_\_\_
4. Will training or classes be conducted on the premise? ☐ Yes ☐ No If yes, how many people will be attending? \_\_\_\_\_

### Type of Business

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> Office                   | <input type="checkbox"/> Restaurant           | <input type="checkbox"/> Retail   | <input type="checkbox"/> Retail Food Sales | <input type="checkbox"/> Virtual Office |
| <input type="checkbox"/> Service                  | <input type="checkbox"/> Warehouse            | <input type="checkbox"/> Professional (State licensed occupation i.e., medical, dental, chiropractor) |  |   |
| <input type="checkbox"/> Industrial/Manufacturing | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Other: _____   |  |   |

Description of business activities: \_\_\_\_\_

Proposed hours of operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

1. Is this a change of ownership? ☐ Yes ☐ No
2. Is this a change of address? If yes, provide your current business license account number: \_\_\_\_\_ ☐ Yes ☐ No
3. Will alcohol be served or sold on site? ☐ Yes ☐ No
4. Will any aspect of the business be conducted outdoors, including sales, storage, services, or seating? ☐ Yes ☐ No

### Wastewater Discharge and Trash & Recycling

This Section must be completed by the Property or Business Owner:

1. Will your business discharge any wastewater from any location other than restrooms, drinking fountains, showers, or air conditioners used for human comfort? Yes ☐ No ☐
2. If your business is the same as the previous tenant, did the previous tenant have an Industrial Wastewater Discharge Permit? Yes ☐ No ☐
3. Indicate your business' Facility Standard Industrial Classification (SIC) Code: \_\_\_\_\_  
For facilities with SIC codes that fall within the ranges listed below, indicate the NPDES WDID # \_\_\_\_\_  
SIC Codes: 0251 to 0259, 0211 to 0214, 0241, 1011 to 1499, 2011 to 3999, 4011 to 4581, 4911, 4952, 4953, 5015, and 5171

### Trash & Recycling

4. Who is your waste hauler: \_\_\_\_\_ Check the applicable boxes trash services that will be provided to your business or property: Trash ☐ Recycling ☐ Organic Waste ☐

I CERTIFY THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION AND THEY ARE TRUE AND CORRECT.

Date: \_\_\_\_\_ Signature of Applicant(s) : \_\_\_\_\_



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● **OFFICIAL USE ONLY** ●

**DEVELOPMENT SERVICES**

**FIRE DEPARTMENT**

**BUSINESS LICENSE:**

(If applicable, inspections must be made and approved prior to issuance of a business license.)

Previous business use:

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date previous business closed:

☐ Approved ☐ Denied

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

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

**PLANNING REVIEW:**

Zoning: \_\_\_\_\_

Comments:

Conditions of Approval:

☐ Approved ☐ Denied

☐ Conditionally Approved

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

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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

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