



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: _____

By: _____
