



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 the business/unit: _____ Warehouses Only: _____ Office Space _____ Storage _____
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 persons 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"/> Service | <input type="checkbox"/> Warehouse | <input type="checkbox"/> Professional (State licensed occupation i.e., medical, dental.....) | |
| <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 Questionnaire Section

Is the business regulated under the NPDES Industrial General Stormwater Permit? Yes No

If you selected "Yes" indicate the business Standard Industrial Classification (SIC) Code: _____, and select one of the applicable Industrial Permit ID type below and list the ID No.: _____

Waste Discharger Identification (WDID), Notice of Non-Applicability Identification (NONA), No Exposure Certification (NEC)

Will your business discharge wastewater from other than restrooms, drinking fountains, showers, or air conditioners used for human comfort? Yes No

Will your business discharge any wastewater from any manufacturing, processing, institutional, commercial, or any other operation where the wastewater includes significant quantities of non-human origin? Yes No

If your business is the same as the prior tenant, did that tenant have an Industrial Wastewater Discharge Permit? Yes No

Industrial Permit Type - Please check if your business includes one of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Chemical Laboratories | <input type="checkbox"/> Auto Repair Shop | <input type="checkbox"/> Radiator Shop |
| <input type="checkbox"/> Film Processing Services | <input type="checkbox"/> Automotive Service Station | <input type="checkbox"/> Centralized Food Processing Facilities |
| <input type="checkbox"/> Bakeries | <input type="checkbox"/> Car Wash or Truck Wash | <input type="checkbox"/> Centralized Film Processing Facilities |
| <input type="checkbox"/> School | <input type="checkbox"/> Kennels and Animal Hospitals | <input type="checkbox"/> Cleaners and Laundries (not-coin operated) |

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

PUBLIC WORKS SERVICES

BUSINESS LICENSE:

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

WASTEWATER DISCHARGE PERMIT:

Previous business use:

Comments:

An Industrial Wastewater Discharge Permit:

- Is required
- May be required
- Not required

Date previous business closed:

Approved Denied

Date: _____

Date: _____

Reviewed by: _____

By: _____

PLANNING REVIEW:

Zoning: _____

Comments:

Conditions of Approval:

Approved Denied

Conditionally Approved

Date: _____

By: _____
