

## ZONING CLEARANCE FORM FOR BUSINESS LICENSE

SEC I: BUSINESS INFOR	RMATION					
BUSINESS ADDRESS			PARCEL NO.			
BUSINESS NAME						
BUSINESS TYPE	☐ New business		☐ Relocating Existing Business			
BUSINESS LOCATION	☐ Home-Based (section III completion required)		☐ Commercial/Industrial			
BUSINESS INVOLVES	☐ New signs/changes to existing signs		☐ Interior/exterior building changes			
	☐ Sale of alcohol (beer/wine/distilled spirits)		☐ Provision of massage therapy			
	☐ Food preparation and storage		☐ Outdoor/sidewalk dining			
	Storage/production/use of combustibles, toxic substances, corrosives, explosives, pressurized gases		☐ Storage/display of merchandise, tools, machinery, equipment, or materials outside of a building			
BUSINESS DESCRIPTION						
SEC II: CONTACT INFOR	RMATION					
	AF	PPLICANT INFORMATION (r	equired)			
NAME:	PHONE:			EMAIL:		
MAILING ADDRESS:						
PROPERTY OWNER INFORMATION (leave blank if the same as above)						
NAME:	PHONE:		EMAIL:			
SEC III: HOME BUSINES	S REQUIREMENTS (initia	al each item below)				
(1) No employee oth	ner than members of the famil	y inhabiting the on-site dwelling s	hall be permitted			
(2) No industrial or h	neavy commercial machinery	shall be employed.				
, ,	all not generate pedestrian or					
		ivery of materials to or from the pror's name, telephone number and			ss shall be	
	ne room in the dwelling shall b	•		· · · · ·		
		cture or the operation of the busing tions that the site is used for other			or, construction	
(7) The business sh		of utility service in excess of norm			garbage, sewer or	
(8) No goods shall be in the room used for	e sold on the premises. Support the business.	lies necessary to the business, a	nd finished produ	icts produced by the busines	ss, may be retained	
(9) No advertising of any nature shall be permitted, except that a name and telephone number, but no address, may be indicated in a telephone listing, business card or stationery.						
		obtain all required business licens	es and permits.			
SEC IV: APPLICANT DE			•			
hereby declare under penalty of perjury that the information and statements on this application are true and correct.						
X						
APPLICANT	SIGNATURE	PRINT NAME		DATE		
		OFFICE USE ONLY				
ZONING CLEARANCE #		ZC STATUS: ☐ APPROVED	DENIED □	ZONING DISTRICT		
REASON FOR DENIAL						
DATE STAI	MP BELOW	,	APPROVAL ST	AMP BELOW		