

Busin	ess Location Zo	oning Approval	
Name of Proposed Business:			
Location of Proposed Business:			
List All Proposed Business Operations to Be Performed At This Location: Anticipated Opening Date:			
Owner's Name:			
Owner's Address:			
Owner's Phone Number:			
Owner's Email:			
	Planning & Zonin		
Planning & Zoning requirements met?	Yes	☐ No	
Business approved for this location?	Yes	☐ No	
P&Z Use Category:		<u></u>	
Specific Use Type:		<u></u>	
Zoning District(s):		<u> </u>	
Reason Not approved:		<u> </u>	
P&Z Officer Approval:		Date:	
	Cashier Use	e Only	
Does the property have commercial water/s	sewer?	☐ No	
Water/Sewer deposit amount required:	\$		
Date water/sewer established:			
	No	Date of notification:	
Notified by:			