

Permit No. _____

APPLICATION FOR BUSINESS / OCCUPATION PERMIT

Date of Applicant _____

Start date of Business _____

Applicant / Owners Name _____ Phone # _____

Business Name _____

Address and location of business _____

Zoning Classification of property _____ Is this a Home Occupation YES _____ NO _____

What kind of Business is this? _____

Give a brief description: _____

What will the business sale? _____ Whole Sale _____ Retail _____

Do you have parking spaces available for customers? _____ How many spaces are available? _____

Will you have a sign for your business? _____

(Separate permit for signs depending on size) Will you have employees? _____

Applicants Signature _____

Payment \$ _____ Chk# _____ Cash _____

Planning Board recommended to Sprvs _____ Meeting Date _____

Supervisors approved _____ Meeting Date _____

Zoning Officer _____