



**BUSINESS LICENSE APPLICATION
CLEARANCE & WORKSHEET**

To be completed for businesses within City limits only.

Inspection and Processing Fee

- \$282 New Business
- \$282 Transfer of Location
- \$105 Transfer of Licensee
(No changes to operation of business)

Date _____

Name of Business: _____

Address of Business: _____

Describe Business Activity (items sold, services provided):

Hours of Operation: _____

Proposed Opening Date: _____

Owner of Business: _____ Bus. Phone No: _____

Business Owner Mailing Address: _____

Property Owner: _____ Property Owner Phone No: _____

Property Owner Mailing Address: _____

Please complete the following questions:

1. Will you be altering, adding to, remodeling, modifying or replacing any of the following?

- Y N BUILDING? (Walls, ceilings, stairs, exterior alterations, interior or exterior lighting, etc.)
If yes, specify: _____
- Y N ELECTRICAL (Outlets, electrical service, etc.)
If yes, specify: _____
- Y N PLUMBING (Sinks, drains, water heater, etc.)
If yes, specify: _____
- Y N MECHANICAL (Heater, air conditioning, fans, ducting, etc.)
If yes, specify: _____

2. Is there any potential work that has been started or completed that is yet to be permitted?

- Y N If yes, specify: _____

3. Do you plan to install any new signs or change any existing signs on the building or property?

- Y N **(Failure to obtain sign permit before installing will result in a citation.)**

4. How many square feet is your commercial space? _____

5. Will you serve/sell food & beverages? Y N Alcohol? Y N

6. How many parking spaces are assigned for your business to use? _____

7. Does your business include any of the following?

- Y N WOODWORKING
- Y N AUTOBODY SHOP WORK
- Y N WELDING

8. Do you have fire protection equipment for your building?

- Y N If yes, check appropriate boxes: Sprinkler System Hood System
- Fire Extinguishers Alarm Systems Others _____

9. Do you use or have any of the following materials as part of your business?

- Y N If yes, check appropriate boxes: Flammables Corrosives Pesticides
- Herbicides Fertilizers Compressed Gas Cylinders Radioactive Material Explosive

10. Will there be over 50 people occupying your business? Y N (If yes, additional requirements and fees may be applicable. Contact the Fire Department for any questions.)

Applicants Signature: _____

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***For Internal
Use***

PLANNING DEPARTMENT REPORT

This certifies that the requested use is / is not a permitted use on the _____ zoning district, which applies to property at _____, and staff investigation of the applicable planning and zoning records supports this determination. This certification is limited to the use only and does not in any way grant or otherwise imply approval of a site development plan; nor does it certify conformance with applicable site development standards inclusive of off-street parking, landscaping, lot coverage, or signs.

Date: _____ By: _____

FIRE DEPARTMENT

Occupancy Group: _____ Construction Type: _____

Active Permits: Y N Outstanding Violations: Y N

Recent Permits: Y N Outstanding Corrections: Y N

Date: _____ By: _____ Title: _____

Business Type: _____

APPROVED DISAPPROVED APPROVED WITH CHANGES

Notes: _____

Date: _____ Signed: _____ Title: _____



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(To be completed with Community Development Staff)

Preliminary Worksheet
FEES ARE AN ESTIMATE ONLY!!!

Step #1 - Planning Department

Date:
Counter Staff:
Contact number:

1. Zoning (Preliminary) _____
2. Is the business permitted at the stated location? Y___ N___
3. Conditional Use Permit needed? Y___ N___
If yes, explain _____
Estimated Fee \$ _____
4. How many signs are being installed? _____
Estimated Fee \$ _____
5. Is a master sign plan needed? Y___ N___
Estimated Fee \$ _____
6. Design Review Process needed? Y___ N___
Estimated Fee \$ _____
7. Is parking adequate? Y___ N___ If no, how many spaces are needed? _____
8. Other permits or approvals needed? Y___ N___
If yes, explain _____
a. Estimated Fee \$ _____
b. Estimated Fee \$ _____
c. Estimated Fee \$ _____

Step #2 Fire Department

Date:
Counter Staff:
Contact number:

1. Occupancy Rating _____
2. Handicap Accessibility Requirements _____
3. Electrical Requirements _____
Estimated Fee \$ _____
4. Plumbing Requirements _____
Estimated Fee \$ _____
5. Mechanical Requirements _____
Estimated Fee \$ _____
6. Fire Suppression Requirements _____
7. Other permits or approvals needed? Y___ N___
If yes, explain _____
d. Estimated Fee \$ _____
e. Estimated Fee \$ _____
f. Estimated Fee \$ _____

Step #3 Public Works Department

Date:
Counter Staff:
Contact number:

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1. Encroachment Permit Requirements

Estimated Fee \$ _____

2. Other permits or approvals needed? Y ____ N ____

If yes, explain _____

g. Estimated Fee \$ _____

h. Estimated Fee \$ _____

i. Estimated Fee \$ _____

Final Step: Business License

If you have any questions during the approval process, please contact the Community
Development Counter at **(805) 933-4214 x214**