



## APPLICATION FOR CERTIFICATE OF USE

Date: \_\_\_\_\_

Folio No: \_\_\_\_\_

### **BUSINESS INFORMATION:**

Name of Business/DBA \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Square Feet: \_\_\_\_\_

Type of Business (describe in detail) \_\_\_\_\_

Home Office \_\_\_\_\_ Medical Office \_\_\_\_\_ Admin Office \_\_\_\_\_ School \_\_\_\_\_ Retail \_\_\_\_\_ Restaurant \_\_\_\_\_

(Take Out) \_\_\_\_\_ Restaurant (Patron Area Sq. Ft. \_\_\_\_\_) Warehouse \_\_\_\_\_ Wholesale \_\_\_\_\_ Other \_\_\_\_\_

Previous type of business which was in the location where you will conduct your business \_\_\_\_\_

Are you sharing space with another business Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please provide the business name

And use of the primary business \_\_\_\_\_

### **PERSONAL INFORMATION:**

Corporate Officer/Owner \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature of the applicant & landlord verifies the above information is true and correct. Signee understands the conditions under which the Certificate of Use is being approved and accepts that no charges or refunds can be made once issued. I am authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the CU and/or possible enforcement action being initiated against the business and/or is authorized representative. I further understand that a business must also apply for a Business Tax Receipt (Occupational License).

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

### **DEPARTMENTAL USE ONLY:**

Processor \_\_\_\_\_ Zoning \_\_\_\_\_ Resolution No. \_\_\_\_\_ Bldg. Permit# \_\_\_\_\_ Approved \_\_\_\_\_

Denied \_\_\_\_\_ Conditions Under Which Approved \_\_\_\_\_

Process No. \_\_\_\_\_ Certificate No. \_\_\_\_\_