

BUSINESS TAX RECEIPT

PLANNING AND ZONING REVIEW

1. Type of business _____

2. Describe the nature of your business _____

3. Hours of Operation _____

4. Number of off-street parking spaces _____

5. Do you have or will have large trucks/equipment vehicles in your inventory stored on-site? _____ yes _____ no

6. If yes, how many? _____

7. Will your business generate loud noises, dust, fumes or odors?
_____ yes _____ no

8. If yes, please describe _____

9. Does the operation of your business require additional approval from state or federal agencies? _____ yes _____ no

10. If yes, please describe _____

Planning & Zoning Review

Current zoning _____ Proposed use is permitted _____ yes _____ No
_____ Approved _____ Denied

City Administrator

Date