

## **Use Application**

## **SECTION I**

Applicant's Name:					
Home Address: _					
			Zip:		
Phone:		Cell:			
Property Owner's Name	e:				
Address:					
			Rental License #:		
Phone:		Cell:			
Name of Proposed Bus	siness:				
Address:					
			Zip:		
Phone:		Cell:			
Zoning District:	Zoning District:Conditional Use:				
Date		Sig	nature of Applicant		
	Business	License Clearance	•		
TO BE CO	OMPLETED BY THE E	BUILDING INSPECTOR 8	FIRE MARSHAL		
SECTION II					
Finance Office is hereby address indicated in Sec		issue a business license	e to the named business	at the	
Date		Building Ins	spector Signature		
Date		Fire N	Marshal Signature		