FOR OFFICE USE ONLY

DATE RECEIVED:_____ CASE NUMBER:_____ RECEIVED BY: _____

fur das gute Leben
"for the good life"

TOWN OF ELBERTA

BUSINESS LICENSE
ZONING VERIFICATION REQUEST

APPLICANT INFORMATION

TRADE NAME: _____

APPLICANT NAME:_____ DATE:_____

MAILING ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

TELEPHONE:_____ CELL:_____ E-MAIL:_____

SITE INFORMATION

Parcel ID Number:05-__ __ - __ __ - __ __ - __ - __ __ __ - __ __ __ . __ __ __ PPIN# _____

Physical Address (E-911):_____

Current Use: _____

Proposed Use: _____

Is this location used for mailing purposes only such as Applicant's Home Address? _____YES _____NO

If yes, no business other than the record keeping of the subject business shall be conducted on premises if zoned for residential purposes unless authorized under the current Zoning Ordinance for the Town of Elberta.

ABC License required for proposed use: _____YES _____NO

State License required for proposed use: _____YES _____NO

NAICS Code: _____ (For licenses issued by other cities, counties in Alabama)

Applicant's Signature:_____ Date: _____

OFFICE USE ONLY

Zoning Classification: _____ Issue Business License: _____YES _____NO
Permitted Use: ___Yes ____No ____See Comments
Change of Occupancy _____Yes _____No
Health Dept. Clearance Required: ____Yes _____No

COMMENTS: _____ Signature: _____

_____ Title: _____

_____ Date: _____