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 you 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