



FOR OFFICE USE ONLY											
Pre-Application No:											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pre-Application

PLEASE PRINT OR TYPE (BLACK / BLUE INK ONLY) NO CORRECTION FLUID ALLOWED

- Business Name / Professional's Name: _____ Business Telephone: _____
 Corporate name: _____ E-Mail: _____
- Business Location: _____ F.E.I. Number: _____
 Unit No.: _____ City: _____ State: _____ Zip Code: _____ Property Folio No.: _____
- Mailing Address (if different from Business): _____
- Name of the Applicant/Business Owner: _____
 Type of Business Manufacturer Wholesale Retail Service Warehouse and Storage
 Other _____
- Describe in detail the nature or type of business, occupation or profession to be conducted and/or services to be provided: _____

The questions below may not be applicable for all types of business

No. of parking spaces exclusive for this business: _____ Square footage: _____

No. of Beds: _____ No. of Rooms/Units: _____ No. of Seats/work stations/ units: _____
(Clinics/Hospitals/ALFs) (Hotels/Motels/Apartment Building) (Barbershops/Salons/Dental offices)

Seating capacity: _____ No. of Cars: _____ No. of occupancy load _____
(Lobby/Theater) (Automotive) (Restaurants/Church)

No. of State licensed Professionals: _____
(MD's, ARNP, Agents)

WILL THIS BUSINESS:

- ◆ Sharing space with another business? NO. YES.
- ◆ Require license or permit from the State or a regulatory agency? NO. YES.
- ◆ Serve alcoholic beverages? NO. YES.
- ◆ Serve food? NO. YES.



- ◆ Sell tobacco products? NO. YES.
- ◆ Deal with hazardous materials? NO. YES.
- ◆ Have a active fire alarm system? NO. YES.
- ◆ Have a working sprinkler system? NO. YES.
- ◆ Require renovations, construction NO. YES.
and/or physical/structural alterations to
the business premises?

If yes, please describe work: _____

RELEASE: I, as an applicant-participant in the Community Outreach Program, unequivocally agree to release the city, its officers, officials and employees, from any and all claims I may assert against the city, its officers, officials or employees, on whatever legal basis or theory of recovery, and regardless of the nature of the damages I may have suffered or suffer, caused by any action or inaction of the city, its officers, officials or employees, as result of my participation in this Program. This release of any and all claims is expressly made whether or not such claim, suit, cause of action, injury, damage, loss, liability, cost, expense, judgment, order, or decree was caused by, arose or resulted from, in whole or in part, the **NEGLIGENT ACTS OR OMISSIONS** of the city, any of its officials, officers or employees.

 TITLE OF APPLICANT NAME OF APPLICANT SIGNATURE AND SEAL DATE

TYPE OF APPLICATION

- New
- Transfer Location
- Change of Name/Mailing Address
- Change in ownership
- Extension of Location

Zoning approved by: _____ Date: _____
 Building approved by: _____ Date: _____
 Public Works Approved by: _____ Date: _____

- Denied by Zoning Denied by Building
- Denied by Public Works Pump Station: _____

REVIEWS NEEDED

- Planning and Zoning
- Building
- Fire
- Public Works

Reason for Denial: _____

Required for approval:

FOR OFFICE USE ONLY

FEE	\$
-----	----