



MARK R. JOHNSON
Mayor

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NEW BUSINESS ZONING VERIFICATION FORM

Please fill in information, print and sign.

PROPERTY OWNER NAME: _____ PHONE #: _____

BUSINESS OWNER NAME: _____ PHONE #: _____

PARCEL #: _____

ADDRESS/LOCATION: _____

TYPE OF LICENSE: _____

TYPE OF BUSINESS: _____

NAME OF BUSINESS: _____

OFFICIAL USE ONLY:

See Attached: _____

Approved: _____

Zoning: _____

Action Need: _____

Other Comments: _____

PLANNING AND ZONING PERSONNEL: _____

Signature _____

Date _____