ZONING CERTIFICATEBars, Taverns and Night Clubs



Business Name:					Telephone:	
Address for Bar, Taver	n, or Night Club:					
Owner/Applicant Name:					Telephone:	
Rental Agency:					Telephone:	
Operator of Business:				Email:		
Mailing Address of Op	perator:					
City:	y: State: Zip Co		Zip Code:		Telephone:	
Present use and condition of the property/structure(s):						
 area, signage, sanitation, parking, etc. for the district in which it is to be conducted and does not constitute a nuisance for adjacent properties. 1. Please attach a site plan indicating the location of the proposed use and the available off-street parking. 2. Provide a letter from the property owner stating their approval for the proposed use. By signing this form, the applicant hereby agrees to abide by the City's Land Development Code regulations and acknowledges all information provided herein is correct. 						
Applicant Signature:				Date:		
(Do not write below this line. For office use only.)						
Date Received:	Receive	ed By:			Zoning Certification No	
Approved for a period of one (1) year beginning/ until/ until/						
Zoning Official Signature					Date:	