



Business License Questionnaire

Business Name: _____ Building /Unit Size (in Sq. Ft.): _____

Business Address (include unit or Suite #): _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Please answer each question listed below. Fully describe/explain all **yes** answers on second page of this form.

Yes No

1. Will the building be used for education, instruction, daycare, worship, or dining? If yes, how many square feet will you be using? _____ What is the maximum number of people anticipated at any given time? _____
2. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license? _____ What is the size in square feet of the seating area? _____
3. Will the business include any type of adult entertainment?
4. Will the business operation include the sales or serving of tobacco products? If yes, what is the tobacco resale number? _____ What type of tobacco products will be sold? _____
5. Will your business sell, distribute, or cultivate marijuana? _____ **(Business Owner Initials)**
6. Will the business operation include any work, use, or storage conducted outside of a wholly enclosed building? If yes, explain _____
7. Will the business operation include the preparation of food or beverages?
8. Will the business store rolled paper, bundled cardboard, baled paper and/or cardboard, baled hay or straw, or similar products?
9. Will the business operation include discharging any waste, waste water, or rinse water to the ground, street, or storm drain?
10. Will the business operation include washing of any equipment or vehicles?
11. Will the business operation include the repair or maintenance of motor vehicles?
12. Will the business operation include motor vehicle fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum gas (propane), or hydrogen gas?
13. Will the business operation include any use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents?
14. Will the business generate any hazardous waste or e-waste at this site?
15. Will the business operation include sanding, cutting, or shaping of wood, metal, plastic, or other products producing combustible dust or fibers?
16. Will the business operation include manufacturing?

17. BUILDING OWNER/PROPERTY MANAGEMENT COMPANY INFORMATION

Building Owner Property Management Company

Name _____

Address _____ City and Zip _____

Telephone contact _____

Approval of the Business License Application does not alleviate the business owner from obtaining the required building permits for previously unpermitted construction or any proposed improvement.



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Business Name: _____

*If any **Yes** answers to the questions on the questionnaire, please list the number and answer them fully below:*