

DATE RECEIVED: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_



fur das gute Leben  
"for the good life"

# TOWN OF ELBERTA

## BUSINESS LICENSE

### ZONING VERIFICATION REQUEST

#### APPLICANT INFORMATION

TRADE NAME: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

#### SITE INFORMATION

Parcel ID Number: 05- \_\_\_\_\_ PPIN# \_\_\_\_\_

Physical Address (E-911): \_\_\_\_\_

Current Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Is this location used for mailing purposes only such as Applicant's Home Address?  YES  NO

If yes, no business other than the record keeping of the subject business shall be conducted on premises if zoned for residential purposes unless authorized under the current Zoning Ordinance for the Town of Elberta.

ABC License required for proposed use:  YES  NO

State License required for proposed use:  YES  NO

NAICS Code: \_\_\_\_\_ (For licenses issued by other cities, counties in Alabama)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Zoning Classification: \_\_\_\_\_

Issue Business License:  YES  NO

Permitted Use:  Yes  No  See Comments

Change of Occupancy  Yes  No

Health Dept. Clearance Required:  Yes  No

COMMENTS: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_