

BUSINESS OCCUPATION LICENSE
CHECKLIST FORM

DATE: _____

BUSINESS NAME: _____ PHONE: () _____

ADDRESS (PHYSICAL LOCATION): _____

OWNER (S) NAME: _____ PHONE: () _____

OWNER (S) MAILING ADDRESS: _____

MANAGER/SUPERVISOR NAME: _____ PHONE: () _____
(PROPERTY OR SITE)

PLEASE CHECK APPROPRIATELY:

- Is the business going to be located in an existing structure? Y___ N___
Is there a change in use of the property from previous business? Y___ N___
What will be the operating hours of your business? (Planning & Zoning) From: _____ to _____
Are there any special characteristics to be added to structure or property? Y___ N___
(If yes, please provide information to Building Inspector).
Any changes with signage for the business? (Sign Permit required) Y___ N___
(If yes, please provide details to Building Inspector).
Any alcohol sales/pharmaceutical firearms permits required for this business? Y___ N___
Any new gas plumbing/water/sewer needs for this business? Y___ N___
(If yes, please contact Public Works Superintendent)

NOTE: ONCE ALL APPROPRIATE INSPECTIONS OF THE BUSINESS LOCATION HAVE BEEN COMPLETED AND CERTIFIED BY THE DATE AND SIGNATURE OF THE APPROPRIATE CITY OF GASSVILLE OFFICIAL BELOW, THE APPLICANT SHALL RECEIVE THEIR BUSINESS OCCUPATION LICENSE.

OWNER/APPLICANT SIGNATURE: _____ DATE SIGNED: _____

CITY USE ONLY:

SHANE MARLER PHONE: (870) 421-6156 DATE INSPECTED: _____
(BUILDING INSPECTOR) SIGNATURE: _____ C/O Y___ N___

MICHAEL GLOTZL PHONE: (870) 706-1082 DATE INSPECTED: _____
(FIRE CHIEF) SIGNATURE: _____

MIKE DEWEY PHONE: (870) 706-4302 DATE INSPECTED: _____
(PUBLIC WORKS SUPERINTENDENT) SIGNATURE: _____

TIM D. MAYFIELD PHONE: (870) 421-1971 SIGNATURE: _____
(POLICE CHIEF) ABC/PHARMACEUTICAL/FIREARMS PERMITS DATE: _____

DATE LICENSE APPROVED: _____ BY: _____