

## Business Permit Application

### Applicant:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Business Owner:

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_ FEIN: \_\_\_\_\_

### Special Requests of Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning District of Business location: \_\_\_\_\_

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

Approved by Director of Public Works

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Approved by City Clerk

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The application fee is \$25 please make checks payable to City of Greenwood.  
Thank you!**