

Date_____

R-_____

Name of Applicant_____

Address_____

Name of Business_____

Address_____

Business Location Zoning Classification_____

Nature of Business_____

Number of Employees on site_____ off site_____

Business is Regulated by or Licensed by_____

(Provide and attach copy of License or official document verifying regulation authority.)

Additional emergency or other information you would like to provide:_____

List any toxic chemicals on site:_____

With signature affixed below, the applicant states that: he/she agrees to conduct, maintain, and supervise business so as to not create a nuisance, or permit conduct or activity in the business or on the premises that endangers the public health or welfare; the applicant has, or will implement policies and procedures reasonably calculated to ensure that no illegal conduct or practice will take place in the business or on its premises; and that the applicant certifies the accuracy of all information contained in the application, and that it does not contain any material omissions and/or materially false or misleading information.

Signature of Applicant_____

Printed:_____