

Zoning Approval Form

To be completed by applicant and presented for approval to the local zoning authorities

Submit with Application

Company name (including trade names)

Business Address - Location to be Licensed

City County State Zip Code

Name and type of storage location

Street Address City or County State Zip Code

Name and type of any additional storage locations

Street Address City of County State Zip Code

Type of Business (check appropriate blocks)

Licenses

Wholesale Title Service
 New Vehicle Emergency Vehicle
 Used Vehicle Manufacturer
 Trailer Distributor
 Motorcycle
 ADR # of Acres _____
 Scrap Processr # of Acres _____

Transporters

Inspection Station
 Vehicle Painting/Remodeling/Repair
 Auctioneer
 New Vehicles for Manufacturer
 Other _____

This section to be completed by zoning official to verify applicant has met all local zoning requirements to conduct the type of business specified above.

I certify, that the business of _____
 does _____ does not _____ meet all zoning requirements, including the issuance of a use and occupancy permit, if required.

Signed Printed Name

Official Capacity

Telephone # Email Address

Date