

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

State

Zip Code

Name and type of storage location

Street Address

City

State

Zip Code

Name and type of storage location

Street Address

City

State

Zip Code

Type of Business (check appropriate blocks)

Dealer Licenses

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

Transporters

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

Driver Education

DIP

RSDEP

Classroom

Business Office

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

Date

Official Capacity

Telephone Number

Email Address