

**Application for Certificate of Use**

Date: \_\_\_\_\_

**Business Information**

Business Address: \_\_\_\_\_ Unit/Suite#: \_\_\_\_\_

Property Tax Folio Number: \_\_\_\_\_

Business Name or DBA: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Owners/Corporation Name: \_\_\_\_\_

Authorized Officer/Partner/Owner/  
Manager Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Nature of Business**

Describe the type of business \_\_\_\_\_  
\_\_\_\_\_

Office     Home Office     Retail     Warehouse     Wholesale     Other

Permit Number (if there was renovation, expansion, establishment of use, or new construction) \_\_\_\_\_

Square Footage of Unit(s): \_\_\_\_\_

Are you sharing spaces with another business?    Yes \_\_\_\_\_    No \_\_\_\_\_

Will used merchandise be sold on the property?    Yes \_\_\_\_\_    No \_\_\_\_\_

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Signature of applicant verifies the above information is true and correct. I understand the conditions under which my Certificate of Use (CU) is being approved and accept that no changes or refunds can be made once issued. I am authorized to sign for the business and understand that any misrepresentation of information on this application may result in the revocation of the CU and/or possible enforcement action being initiated against the business and/or its authorized representatives. I further understand that a Certificate of Occupancy (CO) is a prerequisite to obtaining a Certificate of Use.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

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**Department Use Only:**

Zoning: \_\_\_\_\_ Processor: \_\_\_\_\_

Conditions under which approved: \_\_\_\_\_

Resolutions: \_\_\_\_\_

Process Number: U \_\_\_\_\_