Minersville Town General

Business License Application

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| **BUSINESS INFORMATION-SECTION A** | | | | |
| Name of Business: |  | | | Date of Application: |
| Business Location: |  | | | Business Phone: |
| Mailing Address: |  | State: | Zip: | Email Address: |
| Description of Business: |  | | | |

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| **OWNER INFORMATION-SECTION B** | | | |
| Name: |  | Phone: |  |
| Home  Address: |  | City, State, Zip |  |
| Will a Home Occupation License be required?   * Yes * No   If yes, please fill out Section C | | | |

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| **HOME OCCUPATION – SECTION C (COMPLETE IF APPLICABLE)** | **YES** | **NO** |
| Is the home Occupation business owned and operated by a person who resides in the home where the business is located? |  |  |
| Will the applicant be the primary provider of the labor, work, or service provided in the home occupation business? |  |  |
| A business license for the home occupation shall be obtained from and continually maintained with Minersville Town. |  |  |
| I understand that only the owner/operator and one other employee in the conduct of a home occupation at any one time. |  |  |
| Will there be inventory or other merchandise stored on the premises?  If yes please explain: |  |  |
| Is there visible evidence from the exterior of the dwelling or building indicating that it is being used for any other purpose than that of a dwelling?  If yes please explain: |  |  |
| I understand that tools, equipment, or activities conducted within the dwelling which are offensive, or noxious by reason of the emission of odors, smoke, gas, vibration, magnetic interference or noise is prohibited. |  |  |
| The home occupation is clearly and secondary to the primary use of the dwelling for residential purposes?  If no explain: |  |  |
| Will there be any building alterations of additions? |  |  |
| **HOME OCCUPATION - CONTINUED** | **YES** | **NO** |
| I understand that the home occupation shall not disrupt the normal residential character on the neighborhood in which the residence is located. |  |  |
| Will your occupation business generate pedestrian or vehicular traffic or parking problems in excess of what is customarily associated with the zone where it is located? |  |  |
| Are you going to have customers coming to the business?  If yes, explain: |  |  |
| Will there be any vehicle repairs or maintenance conducted at the residence? |  |  |
| Other than the business owner’s personal transportation, will there be any vehicles or equipment stored on the property? |  |  |
| **Applicant’s signature indicates agreement to conduct the business in the compliance with above listed uses, Minersville Town Zoning Ordinances and all applicable fire, plumbing, health, and electrical code specifications. Failure to comply with the above conditions can result in a suspension or revocation of your license and is a Class “B” Misdemeanor.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­  Applicant Signature Date | | |
| **INSPECTIONS** | | |
| All businesses licensed in Minersville Town must be in compliance with applicable health, building, and fire code and regulations at all times. New businesses may be required to pass a fire and building inspection prior to issuance of a business license. Licensing clerk will notify you of all inspections.  I UNDERSTAND that business shall not commence at this location without first obtaining an official copy of the business license, and that inspections of the Building Departing, Zoning, Fire Officials and the Health Officials must first be completed and the building approved by these officials for business activities.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date | | |

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| **REQUIRED APPROVAL** | | | | | |
| Zone: | Permitted: Yes No | | Conditional Use Permit Required: Yes No | | |
| Is a Home Occupation License Required? Yes No | | | | | |
| Zoning Administrator |  | | Mayor |  | |
| Building Official |  | | Fire Chief |  | |
| Health Department |  | | Other: |  | |
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| **OFFICE USE ONLY** | | | | | |
| License Fee: | | Date Paid: | | | License #: |