

APPLICATION FOR CONDITIONAL USE PERMIT

NAME	SOCIAL SECURITY NO
RESIDENCE ADDRESS	TELEPHONE (HOME)

BUSINESS NAME	TELEPHONE (BUSINESS)
BUSINESS ADDRESS	OCCUPY BY (CHECK ONE) __ LEASE __ RENT __ OWN
IF LEASE OR RENTAL GIVE NAME AND ADDRESS OF PROPERTY OWNER	
CHECK IF YES LIQUOR SERVED ON PREMISES —	CHECK IF YES LIVE ENTERTAINMENT AND/OR DANCING —
SIGNATURE OF APPLICANT _____ DATE _____	

FEE AMOUNT _____ RECEIVED BY _____ DATE _____

PLEASE NOTE:

APPLICANT MUST APPEAR AT PUBLIC HEARING SCHEDULED FOR _____

FAILURE TO APPEAR AT THE PUBLIC HEARING WILL RESULT WITH NO ACTION TAKEN ON REQUEST!!