



ZONING VERIFICATION REQUEST FORM FOR BUSINESS LICENSE

APPLICANT INFORMATION:

Applicant Name

Mailing Address

Suite/Apt. #

City, State

Zip Code

Primary Phone #

E-mail

BUSINESS LICENSE ADDRESS INFORMATION:

Address needing verification or Land Lot and District

Name of Business (If Applicable)

THIS IS:

HOME-BASED OCCUPATION:

INTERIOR RENOVATIONS:

Change of Use

Adding a Use

YES

YES

Change of Owner

New Business

NO

NO

Change of Location

Name Change

DETAILED DESCRIPTION OF PROPOSED USE:

I, the applicant, understand that I am required to conform to all applicable requirements of the Code of Ordinances for the City of Douglasville and all other applicable laws and ordinances that may apply to the above proposed use description. Failure to do so may be grounds to revoke any future permits that may be issued for this address.

Signature of Applicant

Date

Office Use Only

ZONING: _____

PERMITTED USE: Yes

No

ADDITIONAL INFORMATION _____

STAFF SIGNATURE: _____

DATE: _____

❖ Please bring this short form with staff approval to the Finance Department to obtain your business license