



BUSINESS LICENSE APPLICATION

Fee: \$50.00

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Please Attach a Copy of Tax ID & Assumed Name Certificate

Property Owner: _____ Phone: () _____

Business Name: _____

Business Address: _____ Suite# _____

Business Owner: _____ Phone: () _____

Business Operator: _____ Phone: () _____

Electrical Inspection Needed: Yes No ESI# or Account # _____

Description of Business (be specific) _____

Tax ID Attached: Yes No Assumed Name Certificate: Yes No

Hours of Operation: _____ Number of Employees: _____

- TYPE OF APPLICATION
- New Owner / New Business Existing Business / New Location Name Change
- New Owner/Existing Business Building Expansion / Suites

CHECK ALL ACTIVITIES WHICH WILL BE CONDUCTED ON THE PREMISES:

- | | | |
|---|---|--|
| <input type="checkbox"/> Food or Food Products | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Welding or Cutting |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Laundry / Clean - Press | <input type="checkbox"/> Painting or Coating |
| <input type="checkbox"/> Grocery/Convenience Store | <input type="checkbox"/> Lithography / Print Shop | <input type="checkbox"/> Sanding, Mill or Woodcutting |
| <input type="checkbox"/> Alcoholic Beverage Sales | <input type="checkbox"/> Pet Shop | <input type="checkbox"/> Furniture Sales |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Industrial / Manufacturing | <input type="checkbox"/> Reclaiming Waste Materials |
| <input type="checkbox"/> Church | <input type="checkbox"/> Parts or Vehicle Wash | <input type="checkbox"/> Outside Storage |
| <input type="checkbox"/> Office | <input type="checkbox"/> Flammable/Combustible Liquid | <input type="checkbox"/> Items Stacked higher than 12' |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Compressed Gases | <input type="checkbox"/> Tire Sales / Installation |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Poisonous or Hazardous | <input type="checkbox"/> Tire Storage |
| <input type="checkbox"/> Mortuary / Funeral Home | <input type="checkbox"/> Chemicals or Acids | <input type="checkbox"/> Vehicle Parking |
| <input type="checkbox"/> Mobile Food Truck | <input type="checkbox"/> Petroleum Products | <input type="checkbox"/> Auto Sales |
| <input type="checkbox"/> Auto Parts/Accessories-new | <input type="checkbox"/> Auto Parts/Accessories-used | <input type="checkbox"/> Mechanic Shops |
| <input type="checkbox"/> Movie Theater | <input type="checkbox"/> Auto Body Repair/Painting | <input type="checkbox"/> State Inspection |
| <input type="checkbox"/> Oil Change/Lube | <input type="checkbox"/> Music/ Event Venue | <input type="checkbox"/> Other: _____ |

****The Sale & On-Site Consumption of Alcoholic Beverages requires a Conditional Use Permit****

*****Note: Sound Buffer will be required for Music/Event Venue**

I hereby certify that the information provided above is true and correct to the best of my knowledge. I also hereby grant employees of the City of Mission to enter the premises and conduct any inspections necessary to process this application. Alterations, changes or deviations from the plans authorized by this permit are unlawful without written authorization. The applicant hereby agrees to comply with all City Ordinances, Code, Subdivision Regulations, Local, State and Federal Laws and assumes all responsibility for such compliance. I understand that the City of Mission does not enforce any private restrictions, covenants rules, or regulations that may be imposed/ if permit becomes invalid for any reason no refunds will be issued.

I further acknowledge that this application, and any permit, license, certificate, or issuance, may expire or be rescinded or terminated in accordance with Ordinance I further release the City and any employee, official, or agent from any liability and damage, and I further waive any rights to file in any court of competent jurisdiction from this application and enforcement as necessary.

(Business Owner Print Name) (Date) (Business Owner Signature) (Date)

FOR OFFICIAL CITY OF MISSION USE ONLY

Application was received by: _____ Date: _____

License #: _____

*****FOR OFFICIAL CITY OF MISSION USE ONLY*****

PLANNING DEPARTMENT

NEW CONSTRUCTION

EXISTING BUILDING

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does the zoning allow the proposed type of new business? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is the landscaping adequate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Is the address visible? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Will proposed business require a Conditional Use Permit (CUP) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Does the property have adequate paved off-street parking and loading facilities? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Is the signange in compliance with city ordinances? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Please note deficiencies on inspection report:

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

APPROVED DENIED

PENDING

SIGNATURE

DATE

BUILDING SAFETY

Service Inspection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Inspector: _____	Date Cleared: _____
Final Inspection	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Inspector: _____	Date: _____

FIRE DEPARTMENT INSPECTION YES NO

HEALTH DEPARTMENT INSPECTION YES NO

- | | | |
|---|------------------------------|-----------------------------|
| 1. Will business be serving any consumable items: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Is a Health permit required: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |