

Application for Commercial Business Certificate

Business name (dba): _____

Business site address: _____

Business contact person: _____ Phone # _____

Email address _____

Owner of building: _____ Phone # _____

Address _____
Street City State Zip

(The above must be completed in its entirety)

Business Type:

<input type="checkbox"/>	Retail	<input type="checkbox"/>	Educational	<input type="checkbox"/>	Office/Bank/Professional	<input type="checkbox"/>	Office/Warehouse
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Church	<input type="checkbox"/>	Amusement/ /Recreational	<input type="checkbox"/>	Restaurant

Describe **fully** the nature of use, materials used, also list hazardous and flammable materials if applicable, and hours of operation, etc. (attach an additional sheet of paper if more room is needed).

Total occupied square footage _____ Tobacco license required ___ Yes ___ No
 Total number of employees _____ Liquor license required ___ Yes ___ No
 Number of parking spaces available _____

Industrial Users Please Complete This Section

Office area square footage _____

Shop/factory area square footage _____

Warehouse/storage area square footage _____

Date submitted _____ Applicant's signature _____

----- **For**
Office use only:

Proposed use (does) (does not) meet zoning requirements for the _____ zoning district.

Zoning Enforcement Officer

Date

<i>Comments/conditions of CO approval:</i>

Please return completed application to the zoning enforcement officer at 12800 Arbor Lakes Parkway, Maple Grove, MN 55369. If you have any questions, please call 763-494-6044 or email zoningenforcement@maplegrovern.gov.