



**APPLICATION FOR COMMERCIAL BUSINESS CERTIFICATE**

12800 Arbor Lakes Parkway  
Maple Grove, MN 55369  
763-494-6040

**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 of 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 \_\_\_\_\_

<b>Industrial Users Please Complete This Section</b>	
Office Area Square Footage	_____
Shop/Factory Area Square Footage	_____
Warehouse/Storage Area Square Footage	_____

Date Submitted \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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***For Office Use Only:***

Proposed use (does) (does not) meet Zoning requirements for the \_\_\_\_\_ zoning district.

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Zoning Coordinator

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Date

<i>Comments/Conditions of CO Approval:</i>

**Please return completed application to Jolene Nelson, Zoning Coordinator at 12800 Arbor Lakes Parkway, Maple Grove, MN 55369. If you have any questions, please call 763-494-6044 or email at [jnelson@maplegrovern.gov](mailto:jnelson@maplegrovern.gov)**