



TRADE AND BUSINESS LICENSE REQUEST

345.769.7526(P)
345.769.2922(F)
Planning.Dept@gov.ky

Planning Department

APPLICANT INFORMATION

Business Name _____
Business Owner _____
Postal Address _____
 KY1- _____
Phone Number _____
Fax Number _____
E-mail _____

BUSINESS LOCATION *(proposed location)*

Block Parcel
House/Unit # _____ Street: _____
District: _____

BUSINESS DETAILS	
Number of On-Site Employees	_____
Business Hours	_____
Days of Operation	_____
Number of Parking Spaces	_____
<i>For Official Use Only</i>	
Zone: _____	
Planning Permission Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

BUSINESS DETAILS

Type of Business _____
Typical business operations to be provided on site:
(e.g. retail, admin. services, food preparation, delivery service)

Type of building(s) the business will operate from (e.g. house apartment, warehouse): _____

Is the building existing: Yes No

Will any business-related materials be stored or used on the premises (e.g. paints, cleaning solvents)? Yes No

If yes, indicate the type of materials and where they will be stored. _____

Will customers visit the site? Yes No

Will deliveries be made to or from this site? Yes No

Will there be company vehicles parked on-site? Yes No

If yes, vehicle type _____ # of vehicles _____

Will company vehicles be parked on another site? Yes No

If yes, Block _____ Parcel _____

Vehicle type _____ # of vehicles _____

I hereby certify that the information provided is accurate and true.

Signature _____ Date _____
Applicant/Agent (dd/mm/yy)

Replies may take a minimum of 5 to 7 working days and may include a site visit.

Date Stamp

Planning Fee Paid Stamp

For Official Use Only

PLN Fee \$25.00 _____

Date Paid _____

File No _____

Project No(s) _____

Building Permit No(s) _____