



LENOX TOWNSHIP BUSINESS LICENSE APPLICATION FORM

PLEASE FILL IN COMPLETELY
*RETURN FORM WITH PAYMENT

[] Annual Fee of \$25.00 (Business License is a 2-year fee**); \$50.00 total [] Renewal: \$50.00**

Section 1: Business Information

Business Name: _____

Business Address: _____

Mailing Address (if different): _____

Phone Number: _____ Emergency Number: _____

Email Address: _____

Website (if applicable): _____

Type of Business Entity (e.g., Sole Proprietorship, Partnership, Corporation): _____

Nature of Business: _____

Section 2: Ownership Information

Owner/Partner Name: _____

○ Status of Occupancy of Owner (deed owner, land contract purchaser, tenant, etc.):

○ Residential Address: _____

○ Phone Number: _____

○ Email Address: _____

Owner/Partner Name (if applicable): _____

○ Residential Address: _____

○ Phone Number: _____

○ Email Address: _____

[Add additional rows if there are more owners or partners]

Section 3: Business Operations

Start Date of Business Operations: _____

Duration of Operation: Seasonal: _____ Year-Round: _____

Days Per Week of Operation: _____

Daily Hours of Operation: _____

Number of Employees: _____

Description of Business Activities: _____

Section 4: Compliance

1. **Zoning Compliance:** Have you verified that your business location complies with local zoning regulations?

[] Yes [] No

2. **Planning Commission Site Plan Approval:** Has your business location received approval from the Planning Commission for site plans?

[] Yes [] No

3. **Plan Reviews:** Have all necessary plans been reviewed and approved by the appropriate authorities?

[] Yes [] No

4. Zoning Classification of property: _____

5. Size of Lot: _____

6. Number of Buildings with Square Footage of Each: _____

7. Amount of Off-Street Parking in Square Footage: _____

8. Type of Fire Protection System, if any: _____

9. Type of Police Protection System, if any: _____

Section 5: Access to Public Utilities

• **Power:** [] Available [] Not Available

• **Water:** [] Available [] Not Available

• **Sewer:** [] Available [] Not Available

• **Additional Types of Public Utilities Servicing Business:** _____

Section 6: Declaration and Applicant Signature

I/We, the undersigned, certify that the information provided in this application is true, accurate, and complete to the best of my/our knowledge. I/We understand that providing false information may result in the rejection of this application or the revocation of any issued license.

Applicant Signature: _____

Copy of License to Verify Identity: _____

Date: _____

Section 7: Receipt by Township

Date of Receipt: _____

Receiving Employee: _____

Signature of Employee: _____

- **Business Name:** _____

OFFICE USE ONLY			
Review/Approval	Initial/Date		
Assessing: Is business classified correctly?	_____	<input type="checkbox"/>	Approve
Building: Permits issued to this business? CofO given?	_____	<input type="checkbox"/>	Approve
DPW: Water and Sewer	_____	<input type="checkbox"/>	Approve
Code Enforcement	_____	<input type="checkbox"/>	Approve
Fire alarm/suppression plan review	_____	<input type="checkbox"/>	Approve
<hr/>			
Fire: Physical Fire Inspection Review***	_____	<input type="checkbox"/> Approve	<input type="checkbox"/> Denied
***Upon approval and issuance of Business License, said License will be pending upon final Physical Fire Inspection Review. The Township shall have up to two (2) years to conduct Inspection. If denied, License will be revoked.			