



**CITY OF HENDERSON
BUSINESS LICENSE DIVISION
COMMUNITY DEVELOPMENT ZONING COMPLIANCE CHECK**

DBA/Name of Proposed Business: _____
 Applicant Name: _____
 Address of Proposed Business: _____ Suite # _____ Henderson, NV _____
 Email: _____
 Phone: () _____ FAX: () _____ **Anticipated start date of business:** _____
 Ownership Status: New Business Change of Ownership Business Name Change _____

If different from above:

Contact Name: _____
 Contact Address: _____ Email: _____
 City: _____ State: _____ Zip: _____ Phone: () _____ FAX: () _____

1. Concisely describe the specific business activity _____

2. What is the square footage of the space your business will occupy? _____ square feet
3. How many parking spaces are provided for your business*? _____ spaces
 *Check box if the building complex provides parking
4. Does the business use or store hazardous materials/chemicals? Yes No

If YES, applicant must complete hazardous materials questionnaire (available at Community Development).

A site plan or building layout that clearly identifies the location the business will be occupying is required for all applications.

The information provided above is accurate and correct. _____
Applicant Signature **Date**

Based upon the information provided above, the following items are required. Final approval by the Community Development Department IS NOT GRANTED until the items listed below and on-site inspections are completed.

DO NOT WRITE BELOW THIS LINE -- FOR OFFICE USE ONLY

APN		<input type="checkbox"/> ADDRESS VERIFIED IN KIVA
Zoning		
Use Classification and Comments	_____ _____ _____	
Check all that are required:	<input type="checkbox"/> Conditional Use Permit # _____ <input type="checkbox"/> Temporary Use Permit # _____ <input type="checkbox"/> Design Review # _____ <input type="checkbox"/> Variance # _____ <input type="checkbox"/> Vehicle Travel Distance # _____ <input type="checkbox"/> Zone Change # _____ <input type="checkbox"/> Pre-existing Use _____ <input type="checkbox"/> Other _____	
Status:	<input type="checkbox"/> PERMITTED <input type="checkbox"/> PENDING subject to approval of items listed above <input type="checkbox"/> DENIED	_____ Applicant Initials
Checked by:	_____ Date: _____ Community Development	_____ Date: _____ Redevelopment

***PLEASE WRITE LEGIBLY AND ENSURE DATA IS CLEARLY TRANSFERRED ON ALL PAGES**