## **TOWN OF PARADISE**

## NEW BUSINESS CHECKLIST

BUSE	NESS INFORMATION Name of Business:		
	Name of Business.		
	Address:		
	Telephone Number:		
APPL	ICANT'S INFORMATION		
	Name of Applicant:		
	Address:		
	Telephone Number:		
	Email Address:		
PROI	PERTY OWNER'S INFORMATION		
	Name of Property Owner:		
	Address:		
	Telephone Number:		
	Email Address:		
	ess Owner please answer the following items as ne opment and Fire Departments.	ecessary for review by the	e Community
1.	Provide a detailed description of the proposed business operation.	s activity including <b>days an</b>	<b>d hours</b> of
2.	Will your business require a sign?	Yes No	
3.	If you plan to work from your home, list all activities w	which will take place there.	

## **New Business Checklist**

How many square feet will your business occup	y?
Is the building or unit currently vacant? Yes	
Will you be storing/using any chemicals or flam Yes No If yes, please list and attach a	1
Describe any tools or equipment to be used:	
Will your business generate any dust, noise, odo Yes No If yes, please describe	
Yes No If yes, please describe	
Yes No If yes, please describe	perate the business? es from other than the Town of Paradise?
Yes No If yes, please describe How many people will be employed in and/or op Will your business require any permits or license	perate the business? es from other than the Town of Paradise?
YesNoIf yes, please describe How many people will be employed in and/or op Will your business require any permits or license YesNoIf yes, please list	perate the business? es from other than the Town of Paradise?

13. Submit a detailed, drawn to scale plot plan of the proposed business property location, including existing and proposed parking spaces and traffic flow patterns.

Applicant's Signature \_\_\_\_\_

Date\_\_\_\_\_

**Spray Painting** 

High Pile Storage

Semi-Conductor Fabrication

Cooking

Yes\_\_\_No \_\_\_\_

Yes\_\_\_No\_\_\_

Yes\_\_\_No \_\_\_\_

Yes\_\_\_No \_\_\_\_