

SUPPLEMENTAL BUSINESS LICENSE QUESTIONNAIRE

Licensee Information

Name of Licensee _____

Trade Name _____

Street Address Where
Business Will Trade _____

City, State, Zip _____

Business Phone _____

Description of Business

Before issuing a business license the County must determine that the proposed operation complies with the zoning regulations. In the space below, describe the operational characteristics of the proposed business. Be as **COMPLETE AND SPECIFIC** as possible.

Does the business have, or intend to apply for, an ABC license? Yes No

If yes, what kind of license? _____

Will the business involve music, dancing or live entertainment? Yes No

If yes, please describe: _____

Will there be video games, billiard tables or similar amusements? Yes No

If yes, please describe: _____

Will the business involve adult-oriented entertainment, adult merchandise or other regulated activities*? Yes No

If yes, please describe: _____

* The County Code defines an adult business as "Any adult bookstore, adult video store, adult model studio, adult motel, adult movie theater, adult nightclub, adult store, business providing adult entertainment, or any other establishment that regularly exploits an interest in matter relating to specified sexual activities or specified anatomical areas or regularly features live entertainment intended for the sexual stimulation or titillation of patrons."

QUESTIONS CONCERNING SUPPLEMENTAL QUESTIONNAIRE:
Henrico County Planning Department, PO Box 90775, Henrico, VA 23273-0775, (804) 501-4602

SUPPLEMENTAL BUSINESS LICENSE QUESTIONNAIRE

Hours of operation

Sunday	From	<i>Circle one</i> AM PM	To	<i>Circle one</i> AM PM
Monday	From	AM PM	To	AM PM
Tuesday	From	AM PM	To	AM PM
Wednesday	From	AM PM	To	AM PM
Thursday	From	AM PM	To	AM PM
Friday	From	AM PM	To	AM PM
Saturday	From	AM PM	To	AM PM

For Home Occupations, Please Complete the Following

Does the licensee **live at** the street address where the business will trade? Yes No

Will anyone work at the business who does not live in the home? Yes No

Does the licensee **own** the dwelling? *If not, the owner or his agent must sign:*

I, the owner, authorize use of the property for the business described above. _____

How will services be offered? By appointment only To the general public

Area (square feet) of main floor of dwelling _____

Area (square feet) used for business purpose _____

Will the business require external or internal additions or alterations to the dwelling? Yes No

Will the business use a detached accessory structure (garage, shed, etc.) for any purpose? Yes No

Will the business use machinery or equipment not customary for household purposes? Yes No

Will stock-in-trade (other than handicrafts made on the premises) be kept at the dwelling? Yes No

Will products (other than handicrafts made on the premises) be sold at the dwelling? Yes No

Will there be any group instruction, assembly or activity? Yes No How many people _____

Will there be any indication from the exterior that the building is used for a business? Yes No

Will commercial vehicles be stored at the home? Yes No How many _____ Empty weight _____

Will any commercial trailer or any tow truck or wrecker be parked at the dwelling? Yes No

The responses I have provided on both sides of this form are true, correct and complete. I understand that incomplete information may result in processing delays, and further understand that false or misleading information may be grounds for legal actions.

Signature of Applicant

Date

OFFICE USE ONLY

Zoning: _____ Proffers checked: _____ Approved Rejected By: _____ Date: _____

Comments: _____
