

City of Orange Beach ♦ Business License Investigation Report

Date _____
Name of Business _____ Business Phone _____
Mailing Address _____ Personal Phone _____
Physical Address of Business _____
Applicant/Owner Name/Address _____

Will applicant/Owner be constructing a building? Yes No *Applicant may not construct a building until a Building Permit has been issued. Applicant may not occupy building or operate business until a Certificate of Occupancy has been issued by the Building Official.*

Will any of the following modifications be made to an existing structure or site?

Partitions added/deleted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Doors moved	Yes <input type="checkbox"/> No <input type="checkbox"/>	Any: Electrical	Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural modifications	Yes <input type="checkbox"/> No <input type="checkbox"/>	Change of Egress	Yes <input type="checkbox"/> No <input type="checkbox"/>	Plumbing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Changes to signage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Changes to parking	Yes <input type="checkbox"/> No <input type="checkbox"/>	HVAC	Yes <input type="checkbox"/> No <input type="checkbox"/>

If answering "Yes" to any modification questions, a permit may be required. If said permit has not been issued, upon receipt/review of this form you will be contacted by the City Department responsible for such permit. Note that an applicant beginning work prior to obtaining a required permit may incur penalties.

***Note:** Intentional falsification of any statement contained in this application is a criminal offense as provided in Section 13A-10-109 Code of Alabama.

Signature of Applicant _____

TO BE COMPLETED BY FOLLOWING:

Planning

Permitted Use _____ Zoning Designation _____ Complies with City's Comprehensive Plan Yes No

If "NO" explain _____

Concerns _____

Approved Yes No Signature _____ Date _____

Building

Permit Issued N/A Yes No C. O. N/A Yes No

Concerns _____

Approved Yes No Signature _____ Date _____

Fire Date Inspected _____

Number of fixtures (seats, etc.) _____ Occupancy limit _____

Concerns _____

Approved Yes No Signature _____ Date _____

Police Alarm Permit # _____

Concerns _____

Approved Yes No Signature _____ Date _____

Finance

Sewer Account Number _____ Number of taps _____

Signature _____ Date _____

Revenue License Number _____

Regulation by State Entity Yes No (attach copy of certification). Have all departments Approved Yes No

I have examined the above review information and determined that the appropriate approvals exist for issuance of said business license.

Revenue Official Signature _____ Date _____