



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

DBA/Name of Proposed Business: _____

Applicant / Contact Name: _____

Address of Proposed Business: _____ Suite # _____ Henderson, NV _____

Phone: () _____ Cell: () _____ **Anticipated start date of business:** _____

Email: _____

Ownership Status: New Business Change of Ownership Business Name Change

1. Concisely describe the specific business activity: _____

2. Does the business use or store hazardous materials/chemicals? Yes No

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

* **Home based business only** – By signing below, you are acknowledging you have read and will comply with the Home Occupation standards in Section 19.5.7.D.5 of the Henderson Municipal Code. Also, you are acknowledging you are the property owner or have obtained permission from the property owner to operate a home-based business at the above-referenced address. Non-compliance is grounds to revoke the business license.

* **Nonresidential locations only** - 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

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
Zoning		<input type="checkbox"/> HOME-BASED BUSINESS
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"/> DENIED	
	<input type="checkbox"/> PENDING _____	
Checked by:	_____ Community Development	Date: _____ _____ Applicant Initials

*PLEASE PRINT ALL INFORMATION LEGIBLY *