



Occupational Tax Certificate Zoning Approval/Denial

Date: _____

Property Information:

Name of Business: _____	Home: <input type="checkbox"/>
Legal Address: _____	Commercial: <input type="checkbox"/>
Zoning District: _____	
Type of Business: _____	
Detailed Description of Business Activities/Uses: _____ _____ _____ _____ _____	

This section to be filled by Town staff:

Approved	Approved w/ Conditions	Denied
Comments: _____ _____ _____ _____		
_____ Phillip Trocquet, Zoning Administrator		
_____ Date:		