

# Business License Zoning Clearance Form

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

What kind of business are you proposing? \_\_\_\_\_

What was the prior use of the property (if known)?  
\_\_\_\_\_  
\_\_\_\_\_

What is the maximum number of employees and owners/partners who will be on the site?

A) at any one time \_\_\_\_\_

B) total

Estimated number of clients/customers per day? \_\_\_\_\_

What are the proposed hours of operation? \_\_\_\_\_

How many off-street parking spaces does the site have?  
\_\_\_\_\_

Square footage of building intended for proposed use?  
\_\_\_\_\_

← ← *If necessary, please use the back to more fully explain your answers.* → →

I certify that the above statements are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

For office use only: The above use as described IS / IS NOT consistent with the Albany Municipal Code.

\_\_\_\_\_  
Community Development Representative

\_\_\_\_\_  
Date

Conditions of Approval:  
\_\_\_\_\_