



Business Zoning Permit Application

Business Name: _____

Number of locations in City: _____

- a. List address and Parcels of all locations you conduct business in (attach additional page if needed)
- b. All places rented or owned by your business within the city of Ironton (attach additional page if needed)

Type of Business Conducted at each location: (attach additional page if needed)

Total number of Employees: _____

- a. Number of employees at each location in the city

5. Have you registered with the Ironton income tax department? YES NO

a. If no, you are required to complete all forms required at the income tax department.

6. Would you like your business listed on City government Website? _____

Business Contact Person Name: _____

Phone Number: _____ Fax Number (If Applicable): _____

Email Address: _____

The undersigned hereby certifies that the answers provided herein above are true to the best of my knowledge and belief.

Applicant _____

This section is for internal use only by the City or Ironton:

Zoning Department Approved or Denied by: _____

Income Tax Department Approved or Denied by: _____

