

2017 ZONING CERTIFICATE APPLICATION

Application Fee - \$50		Application Number _____	
APPLICANT INFORMATION			
Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Telephone: _____
E-mail: _____			
PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)			
Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Telephone: _____
E-mail: _____			
PROPERTY INFORMATION			
Business Name: _____			
Address: _____			
Business opening date: _____			
Description of Use: _____ _____ _____			
Is this is a New or Existing Use? (Circle one)		Total Square Footage of Use: _____	
Number of Employees: _____		Number of available off street Parking Spaces: _____	
Is this a Wholesale or Retail Use? (Circle one)			
Will there be Computerized Sweepstakes Devices associated with this business on premise: Yes or No (Circle one) Please refer to Chapter 1133 of the City of Mason Zoning Ordinance for more information on Computerized Sweepstakes Devices.			
Will there be massage services provided on premise: Yes or No (Circle one). If Yes, please indicate if the business is State of Ohio certified or City of Mason certified (Circle one). Also, all employees providing massage services shall be certified/ licensed by the State of Ohio or City of Mason. Please provide copies of all certification and licensing at time of application.			

**By signing this application, I attest under penalty of law that all the information provided with this application is correct to the best of my knowledge.*

Print Applicant's Name: _____

*Applicant's Signature: _____ Date _____

Print Owner's Name: _____

*Owner's Signature: _____ Date _____

Application must be filled out completely and signed in order to be processed by the City of Mason

