

Qualifying Business Checklist

Name of Business _____

Rt: _____ County: _____ Zoning Classification: _____

Visible: (both directions) Yes No Recognizable: Yes No

Identification (check) On premise Sign Display of product None

Area (min. 200 sq ft) Yes No

Foundation: (check) Slab Foundation Pier None

Access: Approved access: Yes No
Readily accessible: Yes No
Parking lot: Yes No

Utilities: Telephone: Yes No
Electric: Yes No
Water: Yes No
Waste Water Disposal: (check) Sewer Septic Tank Lagoon None

Use Exclusive: Yes No Non-CI Activity: agriculture residential Other

Licenses: County: Yes No NA
Liquor: Yes No NA
Sec. Of State: Yes No NA
Sales Tax: Yes No NA
City: Yes No NA
Auto Dealer: Yes No NA
Junkyard: Yes No NA
Others: _____

Sales & Service Available on premise: Yes No

Sufficient Inventory: Yes No not required (service only) _____

Active Operation for 180 days: Yes No Date Opened: _____

Mobile Home/RV used as office: Meets: _____ Does not meet: _____

Business Hours Posted: Yes No

Inspector: _____ Date: _____ Passes Fails