

Date: _____

**City of Foley
Business License
Pre-approval Form**

Business Information

Business Name: _____ Contact Name: _____

Physical Address: _____

Tax Parcel #: _____ Phone Number: _____

***Parcel information must be completed.** Parcel I.D. # is listed on property tax receipts or may be obtained from the Baldwin County Revenue Commission via it's website (<http://www.revcomm.co.baldwin.al.us>) or by calling (251)943-5061.

Describe in detail the type of business you plan to conduct at this property:

BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY LICENSE CAN BE REVOKED FOR ANY FALSE STATEMENT MADE HEREIN.

SIGNATURE OF APPLICANT

PRINT NAME

Zoning Department Approval

City of Foley zoning is not applicable for this property.	_____	
Is this property zoned correctly for the type of business activity that is proposed?	_____	_____
	YES	NO
Signature: _____		Corporate City Limits <input type="checkbox"/> 3 -Mile Equi-Jurisdiction <input type="checkbox"/> Other <input type="checkbox"/>

Inspections Department Approval

This business has met all requirements set forth by the City of Foley Inspections/Building Department.	Yes	No	
	_____	_____	
Signature: _____			

Fire Department Approval

This business has met all requirements set forth by the City of Foley Fire Department.	Yes	No	
	_____	_____	
Signature: _____			

Please note that this approval form is **only** for City of Foley requirements. Business owners are required to adhere to State and County laws, as well.