



THE TOWN OF CENTREVILLE 101 LAWYERS ROW CENTREVILLE, MD 21617  
410-758-1180 FAX 410-758-4741 WWW.TOWNOFCENTREVILLE.ORG

## BUSINESS OCCUPANCY APPLICATION

Applicant must complete **ALL** of the following information (please print clearly). Please be advised that an incomplete application may result in the denial of an occupancy permit. **NOTE: \$50.00 application fee is due at time of application.**

Applicant/Business Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Email address: \_\_\_\_\_

Location of Business/Organization: \_\_\_\_\_  
Street Address City State Zip

Property Owner (if different from applicant, must attach letter of permission for use): \_\_\_\_\_

Property Owner Address: \_\_\_\_\_  
Street Address City State Zip

Name of Business/Organization/Trade Name/DBA: \_\_\_\_\_

Alterations/renovations proposed to the building: \_\_\_\_\_

**Floor plans must be submitted with application.**

Materials/Equipment to be used: \_\_\_\_\_

Will deliveries be made to the business?  Yes  No Frequency: \_\_\_\_\_

Will business involve the use of hazardous materials?  Yes  No If yes, attach copy of MDE Permit.

Emergency contact person & phone number: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**\*\*ANY SIGN REQUIRES A SIGN PERMIT\*\***

**\*\*ANY ALTERATIONS OR RENOVATIONS REQUIRE A BUILDING PERMIT\*\***