BUSINESS REGISTRATION /OCCUPANCY APPLICATION

Village of Holland 1245 Clarion Ave Holland OH 43528 419-865-7104 FAX 419-866-4795

Name of Business:	
Street Address:	Phone #
Mailing Address (if different)	
Type of Business Activity:	
Business Owner:	
Home Address:	Phone#
Property Owner (if different)	Phone #
AFTER HOURS EMERGENCY CONTACT INFOR	MATION
Contact #1:	Phone #
Contact #2:	Phone #
Contact #3:	Phone #
APPLICANT IS HEREBY ADVISED THAT OCCUON OF HOLLAND ARE IN REGARDS TO MEETING A OCCUPANCY PERMITS FROM THE LUCASPRINGFIELD TOWNSHIP FIRE DEPARTMENT DEPARTMENT MAY BE REQUIRED BY THE APPLICATION OF HOLLAND. APPLICATION OF HOLLAND.	ZONING REQUIREMENTS ONLY. AS COUNTY BUILDING REGULATIONS, AND/OR TOLEDO-LUCAS COUNTY HEALTH PLICANT PRIOR TO STARTING OPERATIONS ANT SHOULD CONTACT THESE AGENCIES
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Village of Holland Use Only	
Zoning District Date Application Received Occupancy is: Approved Denied State reasons for conditional approval or denial:	ived: Conditionally Approved
Signature	Date