



LICENSE REQUIREMENTS VERIFICATION

- Name Change
Change of Ownership
New Building/Addition
Existing Building

Business License No.: Use of Land / Building:
Business Name: Former Name:
Business Owner's Name: Phone:
Address of License:

1. Zoning Classification: Zone for Property Type of Land Use

Proper Classification: Home Occupation: Yes No Yes No

Planning Department: Date: (705-5156)

2. Meets all Building Code Requirements: Yes No N/A Permit No.

Building Inspections: Date: (705-5420)

3. Meets all Fire Code Requirements: Yes No N/A

Fire Inspector: Date: (Dan Mitchell, 705-5300)

4. Meets all Public Works Manual Requirements: Yes No N/A Permit No.

City Engineer: Date: (Walter Dorsey, 705-5450)

5. Meets all Landscaping Requirements: Yes No N/A

(If applicable) Horticulturist: Date: (John Holley, 705-5400)

6. Meets all County Health Requirements: Yes No N/A Permit No.

(Food Only) County Health Official: Date: (Lee Co. Health Department, 745-5765)

7. Alcohol Beverage License Review: Yes No N/A

(Alcohol Beverage License Only) Opelika Police Department: Date: (Opelika Police Department, 705-5200)

\* Please use reverse for Comments concerning this application.

NOTE: This verification form is based on the Code of Ordinances, City of Opelika, Section 14-4. Applicants must receive signed approval from each City Official before a license may be issued.

City of Opelika - Revenue Department (334) 705-5162
P.O. Box 390, 204 S 7th St, Opelika, AL 36803-0390