

LEXINGTON Application for Business Occupancy Permit

Name of Business:
Street Address of Building:
Contact Person for Business:
Business Contact Mailing Address:
Business Contact Phone Number:
Business Contact email address:
Business website:
Please choose the type of business:
Please describe the nature of your business:
By checking the certification box and typing your name in the space provided below, you certify the following:
 All information in this application is correct. All work will comply with all applicable Federal, State, and Local laws. You agree that City Officials may enter the subject property for the purpose of inspecting and verification of this application. You understand that submission of this application does not constitute approval of work

until final approval has been granted by the City.

Typed full name:

Certify: