



# BUSINESS LICENSE INSPECTION AND CLEARANCE FORM

**THIS FORM IS REQUIRED FOR ALL BUSINESSES IN THE CITY OF ASHLAND**

Date: \_\_\_/\_\_\_/\_\_\_ Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address, If Different: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

If a sign will be installed:  Wall  Free-Standing *All signs require a permit*

Name and phone number of contact person: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Building Codes: Compliance with Building Codes  Needs Permit  Permit Not Needed

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Permit #: \_\_\_\_\_

Fire Department: Compliance with Fire Code  Needs Permit  Permit Not Needed

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Permit #: \_\_\_\_\_

Business License: Business License Cleared  Approved  Disapproved

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
City Clerk

City Administration Compliance with City Regulations  Approved  Disapproved

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
City Administrator