The City of Hopewell, Virginia

BPOL ZONING APPROVAL

NAME: _____

NAME OF BUSINESS: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

TYPE OF BUSINESS: _____

ZONING: _____

Circle the correct response:

IS THIS A NEW BUSINESS LICENSE? **YES** **NO**

IS THIS A TRANSFERRED BUSINESS LICENSE? **YES** **NO**

IS THIS BUSINESS LOCATED IN THE ENTERPRISE ZONE? **YES** **NO**

"I certify that the responses I have provided above are, to the best of my knowledge, true and accurate."

_____ _____

Signature / Title Date

_____

APPROVED **DENIED**

_____ _____

Zoning Administrator Date