

VILLAGE OF JACKSON
DEPARTMENT OF BUILDING INSPECTIONS
BUSINESS OCCUPANCY PERMIT APPLICATION

1. Address of premises to be occupied:

2. Intended date of occupancy: _____

3. Name of Business: _____ Business Phone: _____

4. Describe Business functions. Be sure to include all activities and/or services associated with the business & hours of operation.

5. Describe materials, merchandise, commodities, and/or wares associated with the Business that are manufactured, sold, inventoried, or used:

6. Type of Business Ownership: () Sole Proprietor () Partnership () Corporation

7. Legal mailing address of Business Owner(s), or Corporation:

Name: _____

Address/Street: _____

City/State/Zip: _____ Phone: _____

8. **EMERGENCY CONTACT PERSON** for Police or Fire Emergencies:

Name: _____ Job Title: _____

Residence Address: _____

Residence Phone: _____

9. Applicant's Signature:

The undersigned hereby makes application for Occupancy and states the above information is true and accurate.

Signature _____

Title _____ Date _____