

**CITY OF GREENWOOD
BUSINESS PERMIT**

Name of Business Owner: _____

Address of Business: _____

Type of Business: _____

Zoning District of Proposed Business Location: _____

Business received the following items:

Copy of Zoning Ordinance: _____

Zoning Map: _____

Special Requests by Business: _____

Signature of Business Owner

Date

Signature of Public Works Director

Date

Signature of City Clerk/Deputy Clerk

Date