



## APPLICATION FOR REVIEW OF BUSINESS LOCATION

The Town of Lexington must review the locations of all new businesses in the Town of Lexington for compliance with current zoning, landscaping, and other requirements. After receiving this form, the appropriate departments will review this business location for such compliance. This process generally will take no more than two business days. During that time, you may be contacted by Town of Lexington employees with questions regarding particular aspects of your business location. A Town of Lexington employee will contact you when we have finished processing this request to let you know how you can finish the business license approval process.

Please complete this form and return it to Administrative Assistant Margie Jeffcoat by fax at (803) 358-1552 or by mail at Town of Lexington, PO Box 397, Lexington, SC 29071, attn: Margie Jeffcoat. Please contact Margie Jeffcoat at (803) 356-5938 with any questions. NOTE: If (a) you live in the Town of Lexington and plan to operate your business from your home, or (b) are doing business in the Town of Lexington but your business is not located in the Town of Lexington, or (c) are opening a booth in an established beauty salon, you do not need to complete this form; instead, you need to come to Town Hall to obtain the appropriate permits for those situations.

<p><b>Reason for submitting form:</b></p> <p><i>Check all that apply:</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> This is a new business within the Town of Lexington.</li><li><input type="checkbox"/> This business was recently annexed and I received a letter instructing me to obtain a business license.</li><li><input type="checkbox"/> I am the new owner of this business.</li><li><input type="checkbox"/> This business has changed locations within the Town of Lexington. The former address of this business was _____.</li><li><input type="checkbox"/> This business was recently found to be operating without a business license and I was instructed to obtain a business license.</li><li><input type="checkbox"/> Other: _____</li></ul>	<p><b>General contact information:</b></p> <p>Name of applicant (person completing this form): _____</p> <p>Phone number for applicant: _____</p> <p>E-mail address for applicant: _____</p> <p>Business name: _____</p> <p>Business address: _____</p> <p>Office phone number (if different from above): _____</p>
	<p><b>Emergency contact information:</b></p> <p>Whom should we contact in case of an emergency at the location (fire, burglary, etc.)? _____</p> <p>Daytime phone number: _____ Evening phone number: _____</p> <p>Name of general manager/person in charge at location (if different from above): _____</p> <p>Daytime phone number: _____ Evening phone number: _____</p> <p>Does this location have an alarm system? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p><b>Type of activity:</b></p> <p>Type of establishment (restaurant, office, medical, etc.—be as specific as possible): _____</p> <p>If known, type of establishment that was most recently at this location: _____</p>	<p><b>Location of activity:</b></p> <p>Is the business in a shopping center or office park? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is the name of the shopping center or office park? _____</p>
<p><b>Utility-related questions:</b></p> <p>Number of employees at this location: _____</p> <p>If this is a restaurant, the number of seats: _____</p> <p>If this is a beauty salon, the number of chairs _____ and the number of sinks _____</p> <p>Is this building new construction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes:</p> <p>    Will a fire hydrant be installed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>    Will fire sprinklers be installed? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, number of sprinkler heads: _____</p> <p>Are you obtaining or transferring utilities (water and/or sewer service) in/into your name? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Building-related questions:</b></p> <p>Has this location undergone, or will this location undergo any construction changes (improvements, alterations, additions, etc.) to prepare for your use? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, what? _____ _____ _____ _____ _____</p>
<p><b>Sign-related questions</b></p> <p>Has any signage for this business been installed at this location already? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Will any signage for this business be installed at this location? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If the answer to either of the above questions is yes, please contact (or if a sign company installed/will install the sign, have the sign company contact) Margie Jeffcoat at the above phone number.</p>	<p>Has the work been done already? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have hired someone to do this work for you, the name of the person(s)/compan(ies): _____ _____ _____ _____</p>

Is this parcel or tract of land restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity that you are seeking to undertake? Yes  No

I certify that the information in this application is correct. Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_