



LICENSE REQUIREMENTS VERIFICATION

- Name Change
- Change of Ownership
- New Building/Addition
- Existing Building

Business License No.: _____ Use of Land Building: _____

Business Name: _____ Former Name: _____

Business Owner's Name: _____ Phone: _____

Address of License: _____

1. Zoning Classification: _____

	<i>Zone for Property</i>	<i>Type of Land Use</i>
Proper Classification:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Occupation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Landscaping Requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Planning Department: _____	(334) 705-5156	Date: _____

2. Meets all Building Code Requirements: Yes No N/A Permit No. _____

Building Inspector: _____ Date: _____
 (334) 705-5420

3. Meets all Fire Code Requirements: Yes No N/A

Fire Inspector: _____ Date: _____
 (334)705-5300

4. Meets all Sewer Assessment Requirements: Yes No N/A Fees Paid _____

Public Works Director: _____ Date: _____
 (334) 705-5413

5. Meets all Public Works Manual Requirements: Yes No N/A Permit No. _____

City Engineer: _____ Date: _____
 (334) 705-5450

6. Meets all County Health Requirements: Yes No N/A Permit No. _____

(Food Only)
 County Health Official: _____ Date: _____
 Lee County Health Department, (334) 745-5765

7. Alcohol Beverage License Review: Yes No N/A

(Alcohol Beverage License Only)
 Opelika Police Dept: _____ Date: _____
 (334) 705-5200

NOTE: Verification Forms is based on Code of Ordinances, City of Opelika, Section 14-4. Applicant must receive signed approval from each City official before a license may be issued. (In some cases, the signature of the County Health Official is not required.) If you have any questions, please contact:

City of Opelika Business License Department- (334) 705-5160
 P. O. Box 390, 204 South 7th Street, Opelika, AL 36301-0390