

License Number: _____

Date Stamp

Receipt Number: _____

INSTITUTIONAL SUPPLEMENTAL FORM

This supplemental form applies to **institutional, school, hospital, and government uses, as well as places of worship**. This form must be completed and submitted with your business license application.

TYPE OF USE

1. Which type of use is on site?

- Institutional (Libraries, Museums, Nursing, Convalescent and Rest Homes)
- School (Child Day Care Centers, Preschools, Nursery Schools, Kindergartens, Elementary School, Junior High or Middle Schools, High Schools, Colleges, Universities, or Business and Trade Schools)
- Hospital
- Government (Municipal, County, State, or Public Utility, Facility, or other Special Districts)
- Place of Worship (Churches, Synagogues, Mosques, Temples, or other places of religious worship)

ADDITIONAL QUESTIONS FOR PLACES OF WORSHIP

1. What is the capacity of the worship area?

Number of Seats: _____

Total Lineal Feet of Benches or Pews: _____ L.F.

If no seating, floor area of worship area: _____ Sq. Ft.

2. Days and hours of services: _____

3. Is there a day care or school on premises?

- YES Please answer the questions under "Additional Questions for Schools (All Ages)."
- NO

ADDITIONAL QUESTIONS FOR SCHOOLS (ALL AGES)

1. Maximum number of students: _____

2. Age group of students: _____

3. Maximum teachers at one time: _____

I/We certify that the information provided in this supplemental form is true and correct to the best of my/our knowledge. This application does not constitute approval of the business license.

Signature of Applicant: _____

Date: _____