



WEST ALEXANDRIA

1 Water Street, West Alexandria, Ohio 45381
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JEFF HICKEY, Mayor
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AUSTIN HUTCHISON, Village Administrator
937-300-8400 • va@westalexoh.com

BUSINESS INFORMATION	BUSINESS NAME: _____
	BUSINESS ADDRESS: _____
	BUSINESS MAILING ADDRESS: _____
	BUSINESS PHONE: _____
	BUSINESS EMAIL: _____
	TYPE OF BUSINESS: _____

OWNER	NAME: _____ ADDRESS: _____
	CITY, STATE, ZIP: _____
	PHONE: _____ EMAIL: _____

BUSINESS OPERATIONS	BUSINESS OPERATIONS STATEMENT: Include products/services offered or produced as well as any parts of the business that are incidental to the primary use.

	# OF EMPLOYEES _____ HOURS OF OPERATION: Mon - Fri _____ Sat _____ Sun _____
BUILDING MODIFICATIONS REQUIRED _____ YES _____ NO NEW SIGNAGE _____ YES _____ NO	

All information contained in this application is true, accurate and complete to the best of my knowledge and I, the "Applicant" as the owner's authorized agent, do hereby agree to complete the project in compliance with relevant building and zoning codes.

APPLICANT SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY DO NOT WRITE HERE

PAYMENT: \$ _____ RECEIVED BY: _____ PAYMENT TYPE: _____