Selectmen's Office P.O. Box 10 Epsom, NH 03234-0010 (603) 736-9002 FAX (603) 736-8539



This Box Completed by Town				
Date Received:				
Approved: _				
Denied: _				

TOWN OF EPSOM APPLICATION FOR BUSINESS PERMIT

SECTION A: COMPLETED BY APPLICANT

 Please return all pages of this applie Please make checks payable to the 	cation with applicable information completed. "Town of Epsom".
Date:	
Business Owner	
Name:	
Mailing Address:	
Phone: Er	mail:
Property Owner	
Name:	
Mailing Address:	
Phone: En	nail:
Property Information	
Zone Type: Map: Lot:	Sub: Acreage: Frontage: Flood Plain:
Business Description	
Name of Business:	Phone:
Business Address:	Square Footage:
Commercial Unit:	Days Open:
Single Building:	Hours
In Home Business:	Open: Off / Street
Seasonal Business:	Parking:

Description of Business Activities	:		
As part of the application procubusiness to schedule an intervio		-	· ·
contacted and the best time(s) t	_	cuon. 1 leas	e identity the person to be
Contact Person:			Dhana
Contact 1 erson.			Phone:
Best Time(s):			Email:
Please Read and Sign: By signing	ng this applica	tion, I unde	erstand that inspections of the
property are required and auth			<u>-</u>
Signature of Business Owner:			Date:
signature of Dusiness Owner.			
			Date:
Signature of Property Owner:			
SECTION B: COMPLETED E	BY ZONING C	COMPLIAN	NCE OFFICER
Check List	Required	N/A	Date Completed
Planning Board			
Zoning Board of Adjustment			
Driveway Permit			
Sign Permit			
Health Officer			
Police Department			
Fire Department			
Occupancy Permit			
Fee Total: Paid	d in full:		•
For assistance: 736-9002 Ext 105	-		

Copy - Business Owner

Cell: 608-7101

Copy – ZCO

Copy – Property folder