



**APPLICATION FOR OCCUPANCY OF  
COMMERCIAL/INDUSTRIAL PREMISES**

Applicant's Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Detailed description of business and if applicable items that will be sold:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percentage of building accessed by the public: \_\_\_\_\_ Percentage of building used for warehouse: \_\_\_\_\_

Will you have any combustibles? Y \_\_\_\_\_ N \_\_\_\_\_ If Yes, describe \_\_\_\_\_

# of personnel employed: \_\_\_\_\_ Are toilet facilities available? \_\_\_\_\_ # of parking spaces: \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

**ZONING MUST BE APPROVED BEFORE ANY OTHER ACTION IS TAKEN.**  
**I understand that I cannot operate a business until the inspections have passed, an Occupancy Permit has been approved, and a Business License issued.**  
**I understand I cannot sell the following:**  
**Paraphernalia – Article 8 Division 3 Section 29-153, 154, 231**  
**(Including but not limited to: grinder, pipe, bong, etc.)**  
**Adult related merchandise – See Article 2, Section 3-20**  
**Liquor (without a Liquor License) – Chapter 4 Article 2 Division 1**  
**Tobacco products (restricted sales)**

Applicant Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this application, I confirm that the information I provided is accurate and I will comply with the Ordinances of the City of Ferguson, including the above-mentioned items.**

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

---

---

**A \$100.00 inspection fee is to be paid prior to inspection.**  
**THIS FEE IS NON-REFUNDABLE**