## **CITY OF GLADSTONE Business / Home Office Registration**

Parcel Number:	Zoning District:	
Property Owner(s):		
Property Owner(s) Address:	City:	Zip:
Property Owner(s) Phone:	Fax:	
E-Mail Address:		
Location of Business:		
Name of Business:		
Home Office: Yes or No (Ci	ircle One)	
Please explain the nature of the business, business purposes, equipment used in co employees. Attach additional sheet if ne	njunction with business and	

Please attach a site plan of the property noting all structures and their location in relation to adjacent homes and streets. Also include an interior floor plan noting the area to be used for business purposes. (This information will be kept on file with Gladstone Public Safety to be used in case of a fire).

Signature of Owner:	Date:
OFFICE	USE
Date Received:	
Zoning Official's Signature:	
Date Registered:	
City Clerk's Signature:	