



Town of North East, Maryland Commercial Occupation License - Procedures and Instructions

1. The following must be mailed to the Office of Planning and Zoning, P.O. Box 528, North East, Maryland 21901-0528 OR dropped off at the Town Hall, 106 South Main Street:
 - ✓ Commercial Occupation License Application
 - ✓ Construction/Zoning Authorization - \$35.00 Fee
 - ✓ Floor plan

Acceptance of Application by staff DOES NOT indicate application approval. Incomplete applications will cause delays in processing.

After Town endorses approval, applicant is required to:

- 1) Call and confirm with Cecil County Office of Permits and Inspections, whether their department needs anything for the proposed use to take place. Phone number 410-996-5235. If so, you will need to go to the Cecil County Office of Permits and Inspections, 200 Chesapeake Boulevard, Elkton, Maryland 21921 to obtain necessary permits, prior to opening.
- 2) Call and confirm with Cecil County Licensing Department 410-996-5380 whether a State of Maryland Business License is required prior to opening the business. If so, you will need to go to the Cecil County Courthouse, 129 East Main Street, Elkton, Maryland 21921 - Licensing Department - to obtain a State of Maryland Business License.

COMMERCIAL OCCUPATION LICENSE APPLICATION - TOWN OF NORTH EAST
P.O. BOX 528 / 106 SOUTH MAIN STREET
NORTH EAST, MARYLAND 21901-0528
PHONE 410-287-5801 / FAX 410-287-8267

THIS APPLICATION IS FOR A COMMERCIAL OCCUPATION LICENSE

PART 1. APPLICANT INFORMATION

Owner _____ Representative _____

APPLICANT NAME – (PLEASE PRINT CLEARLY): _____

APPLICANT ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

PART 2. PROPERTY INFORMATION

PROPERTY OWNER NAME – (PLEASE PRINT CLEARLY): _____

PROPERTY OWNER ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

PART 3. NEW BUSINESS INFORMATION

NAME OF NEW BUSINESS: _____

ADDRESS OF NEW BUSINESS PROPERTY: _____

TAX MAP # _____ PARCEL # _____ LOT # _____

SQUARE FOOTAGE TO BE UTILIZED FOR NEW BUSINESS: _____

EXISTING USE OF PROPERTY: _____

Proposed Use:

- | | |
|-------------------------|--|
| () ASSEMBLY | (CHURCH, THEATER, RESTAURANT, ETC.) OTHER: |
| () BUSINESS | (PROFESSIONAL OFFICE SPACE, INSURANCE OFFICE, ETC.) OTHER: |
| () EDUCATIONAL | (SCHOOL, DAYCARE, ETC.) OTHER: |
| () FACTORY/ INDUSTRIAL | (WAREHOUSE, MANUFACTURING, ETC.) OTHER: |
| () HAZARDOUS | (FUELING STATION, CHEMICAL STORAGE, ETC.) OTHER: |
| () HEALTHCARE | (HOSPITAL, NURSING HOME, CLINIC, ETC.) OTHER: |
| () HOSPITALITY | (BED AND BREAKFAST, HOTEL, ETC.) OTHER: |
| () RETAIL | (ANTIQUÉ SHOP, GIFT SHOP, CLOTHING STORE, FLORIST, ETC.) |
| () TEMPORARY | (ITINERANT, SEASONAL, ETC.) |
| () OTHER | |
| () HOME-BASED BUSINESS | |

___ TYPE 1

___ TYPE 2

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DESCRIPTION OF NEW BUSINESS (*Please be specific; only uses that are outlined by the applicant in this section will be permitted.*) _____

PROPOSED LAYOUT OF BUSINESS (*Please attach a floorplan*): _____

DO YOU HAVE A BUSINESS PLAN? YES / NO (*If so, attach a copy*)

DAYS OF OPERATION: _____

HOURS OF OPERATION: _____

IF YOU ARE PROPOSING A RESTAURANT, WHAT IS THE PROPOSED SEATING CAPACITY?: ____ N/A

IF YOU ARE PROPOSING A RESTURANT, WILL YOU SEEK AN ALCOHOLIC BEVERAGE LICENSE? ____ N/A

IS PARKING PROVIDED WITH THE PROPOSED USE? YES / NO
(*If not, indicate where patrons will park.*) _____

HOW MANY PARKING SPACES HAVE BEEN DESIGNATED FOR YOUR BUSINESS?: _____

WILL SIGNS BE USED IN CONJUNCTION WITH THE NEW BUSINESS?: YES / NO

WILL GRAND OPENING SIGNS BE USED IN CONJUNCTION WITH THE NEW BUSINESS? YES / NO

WILL THERE BE ANY OUTDOOR STORAGE OR OUTDOOR ACTIVITY ASSOCIATED WITH YOUR BUSINESS?: YES / NO (*If yes, please attach a description of proposed outdoor storage/ activity.*)

WILL THE PROPOSED USE REQUIRE COUNTY, STATE, OR FEDERAL PERMITS? YES / NO
(*If yes, please explain and give the status of each permit.*) _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____

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FOR OFFICE USE ONLY

CURRENT ZONING DISTRICT: _____

IS PROPOSED USE PERMITTED?

- Yes, by right.
- Yes, by special exception
- Yes, as a continued, non-conforming use
- No

SECTION OF ORDINANCE THAT PERMITS THIS USE: _____

PLANNING COMMISSION APPROVAL REQUIRED FOR THIS USE? YES / NO

IF YES, WHEN WAS APPROVAL GRANTED? _____

BOARD OF APPEALS APPROVAL REQUIRED FOR THIS USE? YES / NO

IF YES, WHEN WAS APPROVAL GRANTED? _____

DO ANY OF THE FOLLOWING RESTRICTIONS APPLY?:

- Floodplain
- Critical Area
- Infill
- parking requirements
- Not applicable - no new construction is proposed for this use

Approval is applicable to the use outlined on this application and on the attached approval letter from the Town of North East. It shall be noted that the use shall not be converted or changed without prior authorization from the Town of North East and the Cecil County Department of Permits and Inspections.

Sign Installation: No signs shall be installed to advertise this business without first obtaining an approved sign authorization from the Town of North East.

TOWN APPROVAL

DATE