



Town of North East, Maryland

Application for Commercial Occupation License / Use Permit Procedures and Instructions

1. The following must be either mailed to the Office of Planning and Zoning, P.O. Box 528, North East, Maryland 21901-0528 OR dropped off at the North East Town Hall, 106 South Main Street:
 - ✓ Commercial Occupation License/Use Permit Application
 - ✓ Floor plan
 - ✓ Copy of State/County License, received, to date
 - ✓ \$35.00 fee paid by cash or check. The Planning Office does not accept credit card pmts.

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

Please be advised: It is the responsibility of the applicant and the property owner 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.

**APPLICATION FOR COMMERCIAL OCCUPATION
LICENSE/USE PERMIT
TOWN OF NORTH EAST, MARYLAND 21901-0528
P.O. BOX 528/106 South Main Street
Phone (410)287-5801 x 107 / Fax (410) 287-8267**

Application Number: _____
Received by: _____
Date Received: _____

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: _____

EXISTING USE OF PROPERTY: _____

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: _____

Proposed Use:

- | | |
|--|---|
| <input type="checkbox"/> ASSEMBLY | (CHURCH, THEATER, RESTAURANT, ETC.) OTHER: |
| <input type="checkbox"/> BUSINESS | (PROFESSIONAL OFFICE SPACE, INSURANCE OFFICE, ETC.) OTHER: |
| <input type="checkbox"/> EDUCATIONAL | (SCHOOL, DAYCARE, ETC.) OTHER: |
| <input type="checkbox"/> FACTORY/ INDUSTRIAL | (WAREHOUSE, MANUFACTURING, CROSS DOCK, ETC.) OTHER: |
| <input type="checkbox"/> HAZARDOUS | (FUELING STATION, CHEMICAL STORAGE, ETC.) OTHER: |
| <input type="checkbox"/> HEALTHCARE | (HOSPITAL, NURSING HOME, CLINIC, ETC.) OTHER: |
| <input type="checkbox"/> HOSPITALITY | (BED AND BREAKFAST, HOTEL, ETC.) OTHER: |
| <input type="checkbox"/> RETAIL | (ANTIQUÉ SHOP, GIFT SHOP, CLOTHING STORE, FLORIST, ETC.) |
| <input type="checkbox"/> TEMPORARY | (ITINERANT, SEASONAL, ETC.) |
| <input type="checkbox"/> FOOD | (SPECIALTY, COFFEE SHOP, BAKERY, ICE CREAM, CAFÉ, RESTAURANT) |
| <input type="checkbox"/> OTHER | |
| <input type="checkbox"/> 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)

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 PROPERTY OWNER: _____ DATE: _____

SIGNATURE OF APPLICANT: _____ 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 REGULATIONS APPLY?:

- Floodplain
- Critical Area
- parking requirements

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 from what was submitted on original application 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