

# CITY OF ALGONA COMMERCIAL BUSINESS LICENSE QUESTIONNAIRE

<b>Business Name</b>	
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Has the nature of your business changed in the last year?  YES  NO  
 (If so, describe changes on the next page.)

**YES      NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Will the appearance of your business be changed by any of the following?  |
| <input type="checkbox"/> | <input type="checkbox"/> | a. exterior display  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. exterior building alteration  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. added parking   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. exterior storage  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. interior remodel or alteration  |
|                          |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Will your business:   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. have window displays?   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. have signs other than what are permitted in compliance in the provisions of the "ALGONA SIGN CODE", also known as Chapter 15.10 of the Algona Municipal Code? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. use flammable and/or combustible liquids? If yes, fill in below:  |
|                          |                          | AMOUNT _____   |
|                          |                          | TYPE _____   |
|                          |                          | INTENDED USE _____   |
|                          |                          |  |
|                          |                          | 3. OCCUPANT LOAD: If over 49 persons, an occupant load sign shall be posted. Please indicate number _____  |

**PLEASE NOTE:**

1. Portable fire extinguishers must be provided 2A-10BC minimum size. Exact number and placement details can be obtained from Fire Marshal. Annual service required.
2. Annual inspections will be conducted by the City's Fire Services.
3. Prior to commencing your business, you may be required to meet with Fire and/or Building Departments to determine whether your business will meet all applicable City Codes for the type of business proposed.
4. Permits may be required from Fire and/or Building Departments for proposed use, operation or remodeling.
5. If known, please indicate nature of business that previously occupied this location:  
 \_\_\_\_\_

If you have checked YES to any of the prior questions, please explain in detail below:


\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**OFFICIAL USE ONLY**

Type of Construction		Area (Sq. Feet)	
Zoning		Parking	
Occupancy Group		Occupancy Use	
Signs			

**APPROVAL:**

YES  NO  Fire Marshal Signature \_\_\_\_\_

YES  NO  Building Official Signature \_\_\_\_\_