

City of Stanton

Planning & Zoning

BUSINESS LICENSE APPLICATION

Applicant/Business Owner: _____

Phone: _____ Business Phone: _____

Email: _____

Tax ID or Driver's License Number: _____

Address of Business: _____

Mailing Address of Applicant: _____

Zone District _____ Conditional Use Permit _____

Description of Business: _____

Signature of Applicant: _____ Date ____/____/____

City of Stanton Planning & Zoning
P.O. Box 370
Stanton, Kentucky 40380
Phone: (606) 663-6474
Fax: (606) 663-4433
TDD: 1-800-648-6056