NEW	RENEW	AL			
<u>NOTE</u>	: ALL QUESTIC	ONS ON THIS A	PPLICATION MU	ST BE ANSWERED	
PLEASE PRINT OR TYPE	Ξ:				
APPLICANT:					
TRADE NAME:					
BUSINESS ADDRESS:				BUS. PHONE:	
MAILING ADDRESS:				HOME PHONE:	
MANAGER'S NAME:				SEATING CAPACITY:	
PERSON TO CONTACT F	FOR NECESSAF	RY INSPECTION	IS:		
NAME			ADDRESS		PHONE
By signing this applicat Sioux City Municipal Co				ns as required by Cha	apter 4.24 of the
-		Signature of	Applicant		Date
FOR CITY USE ONLY:	••••••••	••••••	•••••••••••	••••••••••••	••••••••
Building Inspector: Fire Prevention:	Approve Approve	Deny Deny	Data		
Zoning Enforcement:	Approve	Deny	Date:		

The City of Sioux City does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. Individuals who need auxiliary aids for effective communication in programs and services of the City of Sioux City are invited to make their needs and preferences known to the ADA Compliance Officer, City Hall, 405 6th Street, Room 204, (712) 279-6259. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.