

CONDITIONAL USE PERMIT APPLICATION
CITY OF WALL

Date: _____

Applicant Name: _____

Applicant Address: _____

Physical Address for CUP business: _____

Phone: _____ Email: _____

The Applicant hereby applies for a conditional use permit to:

_____ Operate a Daycare within a Home

_____ Operate a Hair Salon within a Home

_____ Operate a Short-Term Rental or Airbnb

_____ Operate a Business that Revenue is collected for services

Type of Business _____

Attachments required if applicable:

_____ Sales tax license

_____ Department of Health License

_____ Department of Revenue License for Airbnb

Applicant Signature: _____

Approved at the Wall City Council Meeting on this _____ day of _____, _____.

_____
Mayor or Finance Officer

Signatures from surrounding neighbors, approving the business license request are required:

_____ _____

_____ _____

_____ _____

_____ _____

Permit Expires: _____