



CITY OF HENDERSON, KENTUCKY
EXISTING BUILDING VERIFICATION FORM

New Business Owner(s): _____
Last First MI

Last First MI

Business Address: _____
Street

Telephone: _____
Business Home

Last use permitted in the building: _____

Type of Business proposed at the location listed above: _____

Name of the organization/business last located at the address listed above: _____

Current owners of the building listed above: _____
Telephone

Address: _____
Street

City State Zip

I (we) do hereby certify that the above information is true and correct to the best of my (our) knowledge.

Applicant Signature: _____
Date

<p>Office Use Only:</p> <p>The proposed business meets the qualifications for the proposed use: Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/></p> <p>Comments: _____ _____ _____</p> <p>If <u>no</u> or <u>other</u> is checked – Notify applicant by mail and attach copy of letter to this form</p>	<p>CURRENT ZONING _____</p>
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Code Administrator/Designee: _____
Signature Date