

# CITY OF OXFORD

Name of Business: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

## **City Use Only:**

Zoning Classification: \_\_\_\_\_

Licensed Approved: \_\_\_\_\_ Licensed Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Board of Adjustments Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_