

**Zoning Summary Sheet\***

License ID# (Office Use) \_\_\_\_\_

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

**\*Zoning approval will not be granted for this license request without this information.**

Business Address 2757 Hudson Rd <sup>eastvale, nh</sup> Business Type TOWING  
Street Address 55108

Business Name Absolute Towing & Recovery Inc

Licensee/Owner Name: Timothy Michael Heldman Day Phone: 651-239-5244  
(Responsible Party) First Middle Maiden Last

Please answer questions 1 - 6. You will also need to answer questions 7 - 15 if you are applying for a restaurant license. Contact the zoning inspector at 651-266-9083 if you have questions about the information needed on this form.

<p>1. What is the gross floor area for this business?  <u>9,000 sq ft</u> square feet.</p> <p>2. What was the previous use of this space?  <u>marine sport sales/service</u></p> <p>3. How many off-street parking spaces are provided for this business? <u>12</u></p> <p>4. How many different uses are in the building? <u>1</u></p> <p>5. What are these uses? <u>Towing Company</u></p> <p>6. Do you own the property or are you leasing it?  <u>Leasing</u></p>	<p>7. Do you intend to have a drive-thru window? ___ yes <input checked="" type="checkbox"/> no</p> <p>8. Will you have a permanent menu board? ___ yes <input checked="" type="checkbox"/> no</p> <p>9. Do you intend to serve liquor? ___ yes <input checked="" type="checkbox"/> no</p> <p>10. Is this a restaurant associated with a Chain or franchised business? ___ yes <input checked="" type="checkbox"/> no</p> <p>11. Will customers pay for their food before consuming it? ___ yes <input checked="" type="checkbox"/> no</p> <p>12. Is a self-service condiment bar proposed? ___ yes <input checked="" type="checkbox"/> no</p> <p>13. Are trash receptacles provided for self-service bussing? ___ yes <input checked="" type="checkbox"/> no</p> <p>14. Will there be hard finished, stationary seating? ___ yes <input checked="" type="checkbox"/> no</p> <p>15. Are your main course food items Prepackaged _____ or made to order? <u>WA</u></p>
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