INSTITUTIONAL/SCHOOLS/HOSPITALS/GOVERNMENT/PLACES OF WORSHIP BUSINESS LICENSE APPLICATION SUPPLEMENT

1. If place of worship, seating capacity: _____

2. Days and hours of services:_____

	Yes	No
3. Day care or school on premises?	☐	☐

   If yes, describe operation: _____

   _____

   _____

4. If school:

   Number of students? _____

   Age group of students?_____

   Number of teachers there at one time?_____

5. Describe operation so parking demand and needs for fire and emergency services can be assessed. Also provide information which will allow for a determination of what impacts may be expected from increased traffic.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____