

**CITY OF BELPRE**  
715 PARK DRIVE, P.O. BOX 160  
BELPRE, OH 45714  
740-423-7592

**APPLICATION FOR BUSINESS OPERATION PERMIT**  
(PER CODIFIED ORDINANCE 733)

**FEE: \$50.00**      **REC'D**\_\_\_\_\_      **PERMIT NO.** \_\_\_\_\_

**CONTACT INFORMATION**

APPLICANT NAME \_\_\_\_\_

BUSINESS STREET ADDRESS \_\_\_\_\_

WORK # \_\_\_\_\_ HOME # \_\_\_\_\_ CELL # \_\_\_\_\_

APPLICANT'S ADDRESS, CITY, STATE & ZIP

\_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

SIGNATURE OF APPLICANT

\_\_\_\_\_