**Town of Galena, Maryland**
**Application of Commercial Occupation / Use Permit**
**Procedures and Instructions**

The following application must be handed into the Town of Galena's Town Office with the following items:

- Commercial Occupation / Use Permit Application
- Floor Plan
- Copy of State/County License, received, to date
- $100.00 fee paid by credit card, check, or cash.

Acceptance of this Application by the Town of Galena's staff DOES NOT indicate application approval. Incomplete applications will cause delays in processing.

Please be advised: It is the responsibility of the applicant and the property owner to:

1) Call and confirm with the Kent County Office of Permits and Inspections, whether their department needs anything for the proposed use to take place. Phone number 410/778-7423. If so, you will need to go to the Kent County Department of Planning & Zoning, 400 High St., Chestertown, MD 21620.
2) Call and confirm with Kent County Licensing Department 410/778-4600 whether a State of Maryland Business License is required prior to opening the business. If so, you will need to go to the Kent Alcohol & Tobacco Enforcement, 400 High St., Chestertown, MD.

Date of Application: _____ Permit #: _____ Received By: _____

Application Fee: _$100 Check #: _____ Cash: _____

# TOWN OF GALENA

101 S. Main St., Galena, MD 21635
410/648-5151 Fax 410/648-6937

## Application for Commercial Occupation / Use Permit

**Part I. Applicant Information** Owner: _____ Representative: _____

Applicant Name: _____

Applicant Address: _____

Phone: _____ Email Address: _____

**Part II. Property Information**

Property Owner's Name: _____

Property Owner's Address: _____

Phone: _____ Email Address: _____

Existing Use of Property: _____

**Part III: New Business Information**

Name of New Business: _____

Address of New Business Property: _____

Tax Map: 300 Parcel: _____ Lot: ____ Square Footage to be utilities for new business: _____

**Proposed Use:**

| | |
|---|---|
| ( ) ASSEMBLY | Church, Theater, etc. |
| ( ) BUSINESS | Professional Office Space |
| ( ) EDUCATION | School, Daycare, etc. |
| ( ) FACTORY | Industrial, Manufacturing, Warehouse, etc. |
| ( ) HAZARDOUS | Fuel Station, Chemical Storage, etc. |
| ( ) Healthcare | Clinic, Hospital, Nursing Home, etc. |
| ( ) RETAIL | Antique Shop, Gift, Clothing, Florist, etc. |
| ( ) TEMPORARY | Itinerant, Seasonal, etc. |
| ( ) FOOD | Specialty, Coffee, Bakery, Ice Cream, Cafe, Restaurant, etc. |

Description of New Business (Please be specific, only uses that are outlined by the applicant in this section will be permitted.)

_____

_____

Proposed layout of business: (Please attach a floorplan)

Days of Operation: _____

Hours of Operation: _____

If you are purposing a restaurant, what is the proposed seating capacity? _____ N/A

If you are purposing a restaurant, will you seek an alcoholic beverage license? _____ N/A

Is parking provided with the proposed use? YES / NO
If not, indicate where patrons will park. _____

How many parking spaces have been designated for your business? _____

Will signs be used in conjunction with the new business? YES / NO If yes, a Sign Permit is required.

Wil Grand Opening signs be used in conjunction with the new business? YES / NO If yes, a temporary permit is required.

Will there be any outdoor storage activity associated with your business? Yes / NO If yes, please attach a description of proposed outdoor storage/activity.

Will the purpose use require county, state, or federal permits? YES / NO _____

_____

Signature of Property Owner: _____ Date: _____

Signature of Applicant: _____ Date: _____

Revised: 2/2021

FOR OFFICE USE ONLY

Current Zoning District: _____

Is Proposed Use Permitted?
( ) Yes, by right
( ) Yes, by special exception
( ) Yes, as a continued, non-conforming use
( ) No

Section of Ordinance that permits this use: _____

Planning Commission approval required for this use? YES / NO

Board of Appeals approval required for this use? YES / NO
If yes, when was approval granted? _____

Do any of the following regulations apply?

( ) parking requirements

Approval is applicable to the use outlined on this application and the attached approval letter from the Town of Galena. It shall be noted that the use shall not be converted or changed from what was submitted on original application without prior authorization from the Town of Galena and the Kent County Department of Permits and Inspections.

Sign Installation: No signs shall be installed to advertise this business without first obtaining an approved sign authorization from the Town of Galena.

_____

Zoning Coordinator Date

Revised: 2/2021