

LICENSE APPLICATION FOR – FERTILIZER MANUFACTURING FACILITIES
MUNICIPAL CODE SECTION – 4-23

I. APPLICATION TYPE Check One: **New** _____ **Renewal** _____

II. BUSINESS DATA

A. Business Name: _____

B. Business Address: _____

City: _____ State: _____ Zip: _____

C. Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

D. Business Telephone Number: _____

E. Business Fax Number: _____

F. E-Mail Address: _____

G. Zoning of Business Location: _____

H. Number of Off-Street Parking Spaces available to the Public and Employees: _____

I. Description of the building to be used:

1. Age of Building: _____

2. Type of Building Material: _____

3. Square Footage: _____

J. Specific Organic Waste to be Processed: _____

K. Proposed Hours of Operation: _____

L. Anticipated number of vehicles entering and leaving the facility daily: _____

M. Anticipated noise and vibration level generated by the facility: _____

N. Anticipated odor emitted by the facility: _____

For Office Use Only

Application Filed _____ Public Works Approval _____

Sent to Dept. _____ License Fee Paid _____

License Number _____ Common Council Approval _____

Not Approved _____

Reason _____

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III. PERSONAL DATA

- A. Applicant's Legal Name: _____
B. Residential Address: _____
City: _____ State: _____ Zip: _____
C. Residential Telephone Number: _____
D. Cellphone Number: _____
E. Position with Business: _____

IV. INCLUDE \$5.00 PROCESSING FEE WITH APPLICATION

V. INCLUDE WITH APPLICATION, A SITE PLAN OF THE FACILITY SHOWING PROPERTY LINES, BUILDINGS, PARKING SPACES, LOADING DOCKS, AND LANDSCAPING

VI. INCLUDE WITH THE APPLICATION, EVIDENCE OF APPROVAL FROM ALL FEDERAL, STATE, AND LOCAL AGENCIES HAVING JURISDICTION OVER CITING CONSTRUCTION AND OPERATION OF FACILITY, INCLUDING COMPLIANCE WITH [SECTION 21-04.02](#) OF THE MUNICIPAL CODE OF SOUTH BEND

VII. ANY ADDITIONAL INFORMATION REQUIRED BY THE BOARD OF PUBLIC WORKS AS TO OWNERSHIP AND OPERATION OF THE FACILITY

VIII. AFFIRMATION

I hereby certify and affirm that all information I have given in this application is true and accurate to the best of my knowledge. I further certify and affirm that I have in no way attempted to mislead the City in this application by omitting facts known to me. I have read and understand the regulations of Fertilizer Manufacturing Facilities as found in the City of South Bend Municipal code Section 4-23.

Signature

Date