

V. Insurance Acknowledgement

Applicant/Owner acknowledges that insurance required pursuant to § 113.06 (KK) of this Ordinance is currently valid and that a statement of said insurance, from the insurance carrier, is attached to this permit application.

VI. Applicant Acknowledgement

Applicant/Owner acknowledges receipt of the Town of Cramerton Code of Ordinances Title XI, Chapter 113: Massage and Bodywork Therapy Regulations. Applicant/Owner understands and agrees that any permit issued pursuant to this application is issued upon the condition that all information provided is true and correct Applicant acknowledges that they have specifically read and understand § 113.09, § 113.10 and § 113.99 of the Ordinance.

Signature

Applicant/Owner's Signature	Applicant/Owner's Printed Name	Date of Signature
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TOWN DEPARTMENT REVIEW

Planning and Zoning Department:

All application information has been reviewed and meets does not meet the proper zoning criteria for the business in the listed area.

Signature	Title	Date
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Comments

Police Department - Code Enforcement

All application information has been reviewed and meets does not meet the requirements pursuant to TOC COE Title XI, Chapter 113.

Signature	Title	Date
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Comments

Fire Department

All application information has been reviewed and meets does not meet fire code.

Signature	Title	Date
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Comments

Application Status

Comments

Signature of Officer Issuing/Denying Permit	Title	Date
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