ZONING PERMIT APPLICATION- FREEHOLD RACEWAY MALL

Fee: _____ Reference # _____

Applicant's Name: _____

Applicant's Address: _____

Name of Business: _____

Proposed Store Use: _____

_____

Existing Tenant (If store is vacant please indicate): _____

☐ Kiosk ☐ Cart ☐ Special Event ☐ Store

Special Event - (Description of Event)_____

_____

Special Event - Date(s): _____

Temporary Kiosk/Cart/Display - Not for more than 6 consecutive months
Dates(s): _____

Total Floor Area: _____Number of Employees: _____

Days and Hours of Operation: _____

_____ _____
Date Signature of Applicant

_____ _____
Daytime Phone Number E-Mail Address