

CITY OF APALACHICOLA

Phone: (850) 653-1522 - Email: Cortnibankston@cityofapalachicola.com

OCCUPATIONAL TAX LICENSE APPLICATION

DATE: _____

BUSINESS NAME: _____

BUSINESS LOCATION ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS CONTACT NAME: _____ PHONE NUMBER: _____

BUSINESS EMAIL ADDRESS: _____ BUSINESS EIN/FID #: _____

TYPE OF BUSINESS, PROFESSION, OR OCCUPATION: _____

STATE CONTRACTORS LICENSE NUMBER(S) (IF CONTRACTOR- State all that apply: Electrical, Roofing, Plumbing, Residential Contractor, Commercial/General Contractor) _____

AMOUNT OF INVENTORY (IF MERCHANT): \$ _____

NUMBER OF TABLES & CHAIRS IF RESTAURANT: INSIDE: _____ OUTSIDE: _____

- NUMBER OF ONSITE PARKING SPACES: _____

NUMBER OF ROOMS (FOR RENTALS): _____ RENTAL TERM DURATION: _____

- HOW MANY ROOMS HAVE APPLIANCES? _____
 - (IF SO) LIST ALL APPLIANCES: _____
- NUMBER OF ONSITE PARKING SPACES: _____
 - SITE PLAN ATTACHED SHOWING LOCATIONS OF ON SITE PARKING SPACES AND SIZES _____

ANY CHANGES TO CURRENT BUILDINGS MAY REQUIRE BUILDING PERMIT AND/OR CHANGE OF USE PERMIT. NO PERSON OR CORPORATION SHALL ENGAGE OR MANAGE A BUSINESS, PROFESSION, OR OCCUPATION WITHIN THE CITY OF APALACHICOLA WITHOUT PURCHASING AN OCCUPATIONAL LICENSE.

SIGNATURE: _____

TO BE COMPLETED BY ZONING DEPARTMENT ONLY

The above address (is) _____ (is not) _____ zoned for operation of the type of business described herein and (will) _____ (will not) _____ permit operation at that location. The above business type (does) _____ (does not) _____ need Planning and Zoning Approval.

Special conditions that may apply: _____ P&Z Approval: _____

Amount: _____ Occupational License #: _____ Section #: _____ Zoning: _____
Certificate of Occupancy #: _____ Utilities Approved _____ Code Enforcement Approved _____

Approved by: _____ Date: ____ / ____ / 20____