



NEW: _____ RENEWAL: _____

192 Coach Waggoner Blvd.
Apalachicola, FL 32320
850-653-9319/850-653-2205 (Fax)

BUSINESS TAX LICENSE APPLICATION

Date: _____ BUSINESS NAME: _____

Business Owner (if different): _____ email: _____

Business Location Address: _____

Business Mailing Address: _____

Business EIN/FID#: _____ Professional Category: _____

Signature

Please note that applications will be processed in a timely manner but may take up to **3 days** to complete.

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

1. Fictitious Name Registration required? Yes No. Is documentation provided? Yes No Verified: _____
2. Registrations, Permits, Licenses Required for business/profession: _____
Is documentation provided? _____ Verified: _____
3. Does applicant have any Exemptions: _____ Is documentation provided: _____ Verified: _____
4. Does business front on any City Sidewalk Yes No.
Will applicant be applying for a Sidewalk Permit: Yes No
5. City Planner: _____
Certificate of Occupancy? Yes No
Parking: _____
Zoning: _____
Vacation Rental – Attach appropriate Vacation Rental Checklist
6. Permit Issue Date: _____ Permit #: _____

Business Category: _____
Specific Profession: _____
Tax Receipt Rate: _____
Date Paid: _____

