



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

New: \_\_\_\_\_  
 Renewal: \_\_\_\_\_  
 Date: \_\_\_\_\_

**BUSINESS TAX LICENSE APPLICATION**

**Business Name:** \_\_\_\_\_

**Business Owner(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Business Location Address:** \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

**Zoning for Business Location:** \_\_\_\_\_ **# of Onsite Parking Spaces:** \_\_\_\_\_

(If applicable, attach a Site Plan showing location/sizes of all parking spaces and # of employees on site during peak shifts. For eating/drinking establishments, submit a seating plan showing all tables and barstools. For retail or office space, show square footage of public floor space. For marinas, show # of wet slips and # of dry slips. For dwellings, show # of rooms for rent.)

**Business EIN/FID#:** \_\_\_\_\_ **Professional Category:** \_\_\_\_\_

*I understand that this application may require additional information requested from City staff to process and issue a business tax license application. I understand that an application submitted to City staff does not guarantee an approved business tax license application. I understand that I am responsible for obtaining appropriate building permits, signage permits, sidewalk permits, and/or providing a parking plan in accordance with the City Land Development Code as needed. I understand that applications will be processed in a timely manner but may take up to 3 business days to be approved or for more information to be requested.*

\_\_\_\_\_  
 (Business Owner Signature)

\_\_\_\_\_  
 (Date Signed)

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

1. F.S. 205.023 Fictitious Name Registration required? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
  - a. Is documentation provided?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_
2. Registrations, Permits, Licenses Required for business/profession? \_\_\_\_\_  
 \_\_\_\_\_
  - a. Is documentation provided?
  - b. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
3. Does applicant have any Exemptions?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_
  - a. Is documentation provided?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

1. Did applicant require a parking plan?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_
  - a. Did applicant submit a parking plan?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_
  - b. Does the parking plan meet City LDC requirements? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
2. Is the business location in an appropriate Zone?  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

\_\_\_\_\_  
 (City Planner Verification Signature) (Date Signed)

\_\_\_\_\_  
 (City Clerk Verification Signature) (Date Signed)

<b>Business License #:</b> _____ <b>Business Category:</b> _____ <b>Specific Profession:</b> _____ <b>Tax Receipt Rate:</b> _____ <b>Date Paid:</b> _____
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