



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

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

**VACATION RENTAL - 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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# City of Apalachicola Vacation Rental Business License Checklist



Applicant Checklist	Required Documents	(Office Use Only) Staff Checklist
	City of Apalachicola Business License Application	
	Florida Department of Business and Professional Regulation (DBPR) State Vacation Rental License	
	Division of Corporations Registration (if applicable)	
	Department of Revenue Proof of Registration	
	Parking Plan (1 Parking Spot per Dwelling)	
	Proof of Signage	

*This completed checklist must be submitted with your City of Apalachicola Business License Application in order to be processed.*

**Questions?**



850-653-9319



[www.cityofapalachicola.com](http://www.cityofapalachicola.com)