

**CITY OF APALACHICOLA**  
**1 Bay Ave, Apalachicola, FL**  
**32320 850-653-9319/850-653-2205**  
**(Fax)**

**BUSINESS TAX LICENSE APPLICATION**

Date: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

\_\_\_\_\_ PHONE: ( \_\_\_\_\_

BUSINESS LOCATION ADDRESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

BUSINESS CONTACT NAME: \_\_\_\_\_

BUSINESS EMAIL ADDRESS: \_\_\_\_\_

BUSINESS EIN/FID#: \_\_\_\_\_ ZONING FOR BUSINESS PROPERTY: \_\_\_\_\_

TYPE OF BUSINESS, PROFESSION, OR OCCUPATION: \_\_\_\_\_

STATE CONTRACTORS LICENSE NUMBER(S): \_\_\_\_\_

(Contractor- Indicate 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: \_\_\_\_\_ (Attach Site Plan showing location, spaces & sizes)

NUMBER OF ROOMS FOR RENTAL: \_\_\_\_\_ Does business front on City Sidewalk: ☐ Yes ☐ No

**Any changes to current buildings may require a 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 a Business License.**

SIGNATURE: \_\_\_\_\_

OFFICE ONLY:

Permit#: \_\_\_\_\_

Amount\$: \_\_\_\_\_