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**_____

_____ _____
(City Clerk Verification Signature) (Date Signed)

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)

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

BEFORE APPLYING FOR A NEW/RENEWAL BUSINESS LICENSE:

_____ Do you have a Fictitious Name License? Do you need one?
Proof of License must be provided before issuing new/renewal license:

_____ Do you need a **DBPR** license? Any business in the below categories must provide appropriate license/registration/permit from DBPR before issuing a license.
http://www.myfloridalicense.com/dbpr/services-requiring-a-dbpr-license/

DBPR REGULATED BUSINESSES	
Manufacturers, importers, distributors, vendors of Wine, Beer & Spirits	Geologists
Architects	Harbor Pilots
Asbestos Contractors	Home Inspectors
Auctioneers	Hotels, Motels, Apartments, and other lodging (See Vacation Rentals for further info)
Building Code Administrators & Inspectors	Interior Design
CPA	Landscape Architecture
Community Association Managers (each firm and each manager	Mold-Related Services
Contractors (See Contractor Category or DBPR list)	Real Estate Companies (not Brokers or Realtors)
Barbers & Cosmetology	Restaurants, Takeouts, caterers, etc. (food)
Electrical & Alarm Contractors	Veterinary Medicine
Elevators, etc., technicians, inspectors & companies	Yacht and Ship Brokers and Salespersons
Employee Leasing Companies	

Local Business Tax Request for Fee Exemption

Under penalty of perjury, I, _____, hereby claim I am entitled to an exemption from the city of Apalachicola Local Business Tax requirement for the business known as _____, due to meeting the provision(s) of F.S. 205.055 indicated below:

- FS 205.055(1)(a) – A veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or un-remarried surviving spouse of such a veteran.
- FS 205.055(1)(b) – The spouse of an active duty military service member who has relocated to the county or municipality pursuant to a permanent change of station order.
- FS 205.055(1)(c) – A person who is receiving public assistance as defined in s.s. 409.2554.37
- FS 205.055(1)(d) – A person whose household income is below 130 percent of the federal poverty level based on the current year's federal poverty guidelines.
- FS 205.055(3) – A person who is exempt under subsection (1) and owns a majority interest in a business with fewer than 100 employees.

Per FS 205.055(2), a person must complete and sign, under penalty of perjury, a Request for Fee Exemption to be furnished by the local governing authority and provide written documentation in support of his or her request for an exemption under subsection (1). Please attach any such documentation to this form.

_____ Date: _____

Signature of Applicant

DO NOT WRITE BELOW THIS LINE

State of FLORIDA
County of FRANKLIN

The foregoing Local Business Request for Tax Exemption was acknowledged this _____ day of _____, 20___, by _____, who personally acknowledged that he/she signed the instrument voluntarily for the purpose expressed in it.

___ Personally Known
___ Produced Identification: Type of Identification: _____

_____ _____

Signature of Notary Public, State of Florida Print, Type or Stamp Commissioned Name of Notary Public

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