

APPLICATION FOR CITY OCCUPATIONAL LICENSE
CITY OF DEFUNIAK SPRINGS, FLORIDA

DATE: _____ PHONE: _____ FAX: _____ CELL: _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

AFTER HOURS EMERGENCY CONTACT: _____ PHONE: _____

PRINCIPLES IN BUSINESS: _____ TITLE: _____

STATE SALES TAX NUMBER _____

FEDERAL EMPLOYER ID NUMBER _____

FLORIDA STATUTES REQUIRE ANY PERSON APPLYING FOR OR RENEWING A LOCAL OCCUPATIONAL LICENSE REGULATED BY A STATE DEPARTMENT TO PROVIDE THE APPLICABLE ACTIVE STATE CERTIFICATION OR REGISTRATION BEFORE SUCH LOCAL OCCUPATIONAL LICENSE MAY BE ISSUED. PROOF OF LIABILITY AND WORKERS COMPENSATION INSURANCE IS REQUIRED FOR ALL CONSTRUCTION CONTRACTORS.

STATE CERTIFICATE, REGISTRATION OR LICENSE NUMBER

THE BELOW INFORMATION MUST BE COMPLETED IN ORDER FOR YOU TO RECEIVE YOUR OCCUPATIONAL LICENSE. YOU MAY CONTACT THE BUILDING & PLANNING DEPARTMENTS AT THE CITY HALL ANNEX, 35 US HWY 90 W, 892-8571 & THE CITY OF DEFUNIAK SPRINGS FIRE CHIEF AT 210 WEST BURDICK AVE., 892-8515.

BUSINESS COMPLIES WITH ZONING REQUIREMENTS: YES ___ NO ___ ZONING ___ DATE _____

PLANNING DIRECTOR: _____ COMMENTS: _____

BUSINESS COMPLIES WITH BUILDING CODES: YES ___ NO ___ DATE _____

BUILDING OFFICIAL: _____ COMMENTS: _____

BUSINESS COMPLIES WITH FIRE CODES: YES ___ NO ___ DATE _____

FIRE CHIEF: _____ COMMENTS: _____

A SIGN PERMIT MUST BE OBTAINED FROM THE CITY BUILDING & PLANNING DEPARTMENT PRIOR TO INSTALLATION OF ANY SIGN.

IF APPLICABLE, PLEASE FURNISH THE FOLLOWING INFORMATION:

GREASE TRAP (RESTAURANTS ONLY) YES ___ NO ___ BACKFLOW PREVENTER YES ___ NO ___

HOTELS/MOTEL - # OF ROOMS _____ GAS STATIONS - # OF HOSES _____ # OF CIGARETTE MACHINES _____

OF JUKEBOXES/GAME MACHINES _____ # OF ALL VENDING MACHINES _____

AFTER APPROVAL BY THE BUILDING & PLANNING DEPARTMENT AND THE FIRE CHIEF, RETURN COMPLETED APPLICATION TO THE UTILITY BILLING DEPARTMENT LOCATED IN CITY HALL TO RECEIVE YOUR OCCUPATIONAL LICENSE.

APPLICANT'S SIGNATURE _____ DATE _____