

Copies Attached:

Driver's License Individual FL Cert, Reg., License Establishment License State Sales Tax License FEIN Proof of Insurance Sanitation Form
Emailed to Review Team:

Date Submitted:



CITY OF DEFUNIAK SPRINGS OCCUPATIONAL LICENSE APPLICATION

PLEASE REFER TO PAGE 4 OF THIS PACKET FOR INSTRUCTIONS AND INFORMATION ABOUT THIS APPLICATION.

SECTION 1: APPLICANT INFORMATION

Please select the applicable reason(s) for the application:

For New Business: New Business in City Limits <OR> Conduct Business in City Limits but Business Location IS NOT in City Limits

For Existing Business: Renewal Updating Information Moving to New Location Transfer of Ownership

Applicant's Name:

Note: Please provide a copy of your driver's license or other valid form of identification.

Applicant's Affiliation with Business: Owner Co-Owner Authorized Agent

Proposed Type of Business:

Business Name:

Walton County Parcel ID# for Business Location:

Physical Address of Business:

City: State: ZIP Code:

Mailing Address (if different from physical address):

City: State: ZIP Code:

Primary Phone #: Alternate Phone #:

Email Address:

SECTION 2: PROPERTY OWNER INFORMATION

Note: If the physical location of business is within DeFuniak Springs City Limits, complete Section 2; if not, proceed to Section 3.

Are you the owner of the property? Yes / No (If you selected "No" then please complete Section 2.)

Property Owner's Name:

Address:

City: State: ZIP Code:

Primary Phone #: Alternate Phone #:

SECTION 3: EMERGENCY CONTACT INFORMATION

Note: In the event of an emergency, identify who we can contact.

Name: Relationship:

Address:

City: State: ZIP Code:

Primary Phone #: Alternate Phone #:

SECTION 4: CERTIFICATION, REGISTRATION, LICENSE

Note: FL Statute require any person applying for or renewing a local occupational license regulated by the State of FL to provide applicable active state certification or registration before such occupational license may be issued. If you are regulated by a state agency, complete Section 4; if not, proceed to Section 5.

Name of Regulatory Agency: DBPR Dept. of Health Ag/Consumer Svs. Other (identify agency)

Individual - FL Certification, Registration, License Number:

Expiration Date:

Note: This question applies to many occupations, i.e. Barber, Beautician, Contractor, Engineer, Masseur, etc. If applicable, attach a copy of certification, registration, or license.



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Establishment - FL License Number:

Expiration Date:

Note: This question applies to occupations i.e. Barbershop, Beauty Salon, Massage Salon, Tanning Salon, etc. If applicable, attach a copy of the license.

SECTION 5: STATE SALES TAX

Do you sell merchandise? Yes (If yes, provide sales tax # below and attach a copy of license.) / No (If no, skip to Section 6.)

State Sales Tax Number:

SECTION 6: FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):

Do you have employees? Yes (If yes, provide FEIN # below and attach a copy.) / No (If no, skip to section 7.)

Federal Employer Identification Number (FEIN):

SECTION 7: LIABILITY INSURANCE

Name of Liability Insurance Company:

Amount of Coverage: \$

Note: Attach proof of insurance. All contractors and other types of professionals/businesses are required to provide a copy of the company's liability insurance policy, as required by Florida Statute.

SECTION 8: MISC. INFORMATION ABOUT LOCATION AND BUSINESS

Note: If the physical location of this business is within DeFuniak Springs City Limits, complete Section 8; if not, proceed to Section 9.

Is this your only location in the City of DeFuniak Springs? Yes / No (A license is required for each location.)

Estimated date business is to open:	Square footage of building or unit:
Backflow preventer (required for all businesses): <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Grease trap (required for food services): <input type="checkbox"/> Yes/ <input type="checkbox"/> No/ <input type="checkbox"/> N/A
# of employees on payroll:	# of 1099 (contract) employees:
# of seats (restaurants, pubs, churches, etc.):	# of rental units (hotels, apartments, commercial, etc.):
# of hoses (fuel sales):	# of service bays (vehicle services):
# of vending machines:	# of cigarette machines:
# of video machines, jukeboxes, pool tables, etc. (total):	# of students (academies, schools, daycares, etc.):
# of scales or metering devices for business:	# of vehicles associated with business:
# of paved regular parking spaces provided:	# of paved handicapped parking spaces provided:

List proposed changes to the property/building:

SECTION 9: ACKNOWLEDGEMENTS AND SIGNATURE

By signing below, I, the applicant, declare that I have completed this application truthfully and to the best of my knowledge, and I acknowledge the following:

- Issuance of an occupational license is not an approval for a certificate of occupancy nor will not legalize the operation of a business that is in violation of city and/or state regulation.
- It is my responsibility to schedule a life safety inspection with the City of DeFuniak Springs Fire Department; 850-892-8515
- It is my responsibility to contact the Planning Department before changing the scope of my business and/or making any physical alterations to the premises; and
- I understand that my license will expire on **September 30** of each year and that I must renew my license each year prior to its expiration.

Signature of Applicant:	Date:
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General Instructions and Information

- Who needs an occupational license?
 - If you are operating a business within the DeFuniak Springs City Limits, an occupational license is required.
 - If you have more than one location in the DeFuniak Springs City Limits, a license is required for each location.
 - If the physical location of your business is not located within the DeFuniak Springs City Limits but you are conducting business within the DeFuniak Springs City Limits, an occupational license is required.

- How do I apply for an occupational license?
 - Complete Pages 1 and 2 of this packet. Ensure the application is complete and legible.
 - Page 4 is for city personnel to complete; please leave this page blank.
 - Attach a copy of your driver's license or other form of photo identification.
 - If your business is regulated by the State of Florida, attach your valid state license, certification or registration.
 - If your business requires an establishment license, attach a copy of the valid license.
 - Attach a copy of your current sales tax certificate. If your business provides a service but does not sell any merchandise, this is not required.
 - Attach a copy of your current federal employer identification number (FEIN). If you do not have employees on your payroll, this is not required. (Note: if you have 1099 employees, each of these employees will require a separate license.)
 - Attach a copy of your current liability insurance policy, if required. (All contractors and other types of professionals/businesses are required to provide a copy of the company's liability insurance policy, as required by Florida Statutes.)
 - Complete and return Page 3 of this form, which is to establish your waste management garbage service.
 - Submit the completed application and required attachments to the planning department, in person or by mail, at 35 US Highway 90 West, DeFuniak Springs, FL 32433.

- What happens next?
 - Planning staff will verify that all information is received and that your business is allowed at the location requested. They will also ensure parking, buffers, and other code requirements are met. They will then forward your application to the departments who must review it.
 - Contact Fire department staff to schedule a life safety inspection 850-892-8515.
 - Water department staff will verify that the business has an approved backflow device and that the device has been inspected as required by City Code.
 - Code enforcement staff will inspect the grease trap, if required.
 - Other staff may contact you if additional information and/or inspections are required.
 - Once your application is processed, staff will contact you so that you may pay fees and pick up your license.
 - Note: your license will be valid until **September 30** of the year in which it is issued. To keep your license valid, you must renew it each year by **October 1**.

- Questions?
 - If you have questions regarding this application, or the status of your application, please contact planning staff at 850-892-8571, extension 116. Code enforcement staff may be reached at 850-892-8571, extension 118.
 - If you need to reach the fire department or schedule a life safety inspection, please call 850-892-8515.
 - If you have questions about utilities lines or about sanitation services available to a specific property, please call public works staff at 850-892-8537 or 850-892-8534.
 - If you have questions about the cost of a license or about utility-related fees, please call utility billing staff at 850-892-8503, extension 112.

**CITY REVIEW/APPROVAL
OFFICIAL USE ONLY**

PLANNING DEPARTMENT APPROVAL

Date Application Submitted:	Application is Complete: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Change of Use: <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> N/A	Special Approval Required: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Future Land Use Map (FLUM) Designation:	Zoning District: Overlay District:
Comp Plan and Zoning Ordinance Compliance: <input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> N/A	Parking, Buffer and/or Landscape Code Compliance: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Permits Required: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A	State License/Cert/Registration Valid: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A
Water Capacity and Tap Fees Paid: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A	Fire/Public Safety Impact Fees Paid: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A
Sewer Capacity and Tap Fees Paid: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A	Gas Tap Fees Paid: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A
Approval Signature:	Date:

Comments:

CODE ENFORCEMENT APPROVAL

Business/Property has Active Code Violations: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Business/Property Meets Code: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Grease Trap is Compliant: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A	Storm Water is Compliant: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A
Approval Signature:	Date:

Comments:

FIRE DEPARTMENT APPROVAL

Date of Final Life Safety Inspection:	Business Complies with Fire/Life Safety Codes: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Approval Signature:	Date:

Comments:

WATER AND WASTEWATER APPROVAL

Water is Available to Property: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Verification of Connection and No Outstanding Issues: <input type="checkbox"/> Yes/ <input type="checkbox"/> No/ <input type="checkbox"/> N/A
Sewer is Available to Property: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Backflow is Compliant: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Approval Signature:	Date:

Comments:

GAS DEPARTMENT APPROVAL

Gas is Available to Property: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Verification of Connection & No Outstanding Issues: <input type="checkbox"/> Yes/ <input type="checkbox"/> No/ <input type="checkbox"/> N/A
Approval Signature:	Date:

Comments:

SANITATION APPROVAL

Letter from Applicant Received: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Dumpster Location and Enclosure Approved: <input type="checkbox"/> Yes / <input type="checkbox"/> No/ <input type="checkbox"/> N/A
Approval Signature:	Date:
Waste Mgmt:	Other:
Comments:	

ISSUANCE OF OCCUPATIONAL LICENSE

Unpaid Balances on Utility Account: <input type="checkbox"/> Yes / <input type="checkbox"/> No	Outstanding Issues on Utility Account: <input type="checkbox"/> Yes / <input type="checkbox"/> No
Cost of License:	Date Paid:
Location #:	City License #:
Approval Signature:	Date:

Comments:



Residential Pricing	Monthly Rate	Check all that apply
96 Gallon Cart Residential Customer	\$9.10	<input type="checkbox"/>
Extra Residential Cart	\$4.50	<input type="checkbox"/> _____
Commercial Cart 1x/wk only	\$24.00	<input type="checkbox"/>
Extra Commercial Cart	\$12.00	<input type="checkbox"/> _____

Commercial Dumpster Pricing	1X/WK	2X/WK	3X/WK	4X/WK	5X/WK	6X/WK	CHOOSE ONE
2 YD	\$42.19	\$84.38	\$126.57	\$168.78	\$210.99	\$253.16	<input type="checkbox"/>
4 YD	\$84.38	\$168.78	\$253.16	\$337.57	\$421.95	\$506.35	<input type="checkbox"/>
6 YD	\$126.57	\$253.16	\$379.77	\$506.35	\$632.92	\$759.50	<input type="checkbox"/>
8 YD	\$168.78	\$337.57	\$506.35	\$675.12	\$843.89	\$1,012.67	<input type="checkbox"/>

*On Call Service: Not Available

*Every other week: Not Available

All roll-out garbage collection cans must be placed three (3) feet from the edge of the street before 5:00 A.M. on the day of your garbage collection. If you have any further questions or you would like to request a change in your garbage service, please contact Waste Management at 850-389-6121.

Business Name

Business Address

Phone Number

Owner Signature

Date