

APPLICATION FOR OCCUPATIONAL LICENSE

BUSINESS NAME

BUSINESS MAILING ADDRESS

BUSINESS PHYSICAL (911) ADDRESS

OWNER NAME

NUMBER OF EMPLOYEES (INCLUDE EMPLOYERS WHO WORK ON THE PREMISES)

TYPE OF BUSINESS ORGANIZATION: _____ SOLE PROP _____ CORP
_____ PARTNERSHIP

This Business does/does not involve the sale of retail products.

What is your State of Florida Sales Tax Number: _____

Briefly explain the type of business to be conducted. _____

I hereby certify the above information to be correct to the best of my knowledge.

Date

Applicant's Signature

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.

LICENSE NUMBER ISSUED: _____

FEE: _____