



2659 Front Street • P.O. Box 398 • Cottondale, FL 32431
(850) 352-4361 • Fax (850) 352-2033

APPLICATION FOR OCCUPATIONAL LICENSE – COMMERCIAL BUSINESS

Trade Name or Individual Professional: _____

Physical Address of Business: _____

Owner / Proprietor: _____

Mailing Address: _____

Telephone: Business (____) _____ Home: (____) _____

Opening Date of Business, Date of Ownership, Transfer, or Date of Relocation _____

Nature of Business _____
Specify Activity, Type of Sales, or Services

Federal I.D.# _____ or Social Security # _____

Certification or State Board # _____
Contractors, Professionals, etc.

Florida Sales Tax Registration # (if applicable) _____

Gross Income or Sales \$ _____ Year Ending: _____

NOTE: Excerpt from Section 9, Ordinance No. 04-01:

... any person or entity making a false or untrue statement of same by giving an amount less than the actual amount of gross sales or income shall be deemed guilty of an offense against the City, and subject to sanctions, included but not limited to those set forth in Section 14

I hereby declare the preceding statements to be true to the best of my knowledge.

Please Print, Sign, and Date

Printed Applicant Name Signature Date

OFFICE USE ONLY

License # _____ License Amount _____ Total Due \$ _____
Issued by: _____ Penalty _____

Transfer Ownership
Full Year
Half Year
New Business