



Application # _____

Date Recv'd _____

Occupational License Application

155 Corey Avenue, St Pete Beach, FL 33706

Phone (727) 363-9242 Fax (727) 363-9222

APPLICATION INFORMATION

- Attach a copy of your fictitious name registration referencing your business name.
- If this application is for a change of ownership only on an existing business, attach a copy of the previous owners paid license certificate to take advantage of discounted transfer fees.
- A floor and parking plan will be required for a new use or change of use.
- A 25% penalty fee is charged if you open for business prior to obtaining your occupational license.
- If a state license is required for your business, please attach a copy.
- If you are applying for a home occupation license, please attach the required home occupation affidavit, along with a notarized letter of authorization from the property owner if applicable.
- A \$10.00 application fee will be due at the time of license issuance.
- You will be called upon completion of application review to discuss requirements and related fees.

THIS PORTION TO BE COMPLETED BY APPLICANT

Business Name _____
 Address of Business _____ Bus Phone _____
 Mailing Address for renewal notice _____ Home Phone _____
 Name and address of owner of business _____
 EIN or Social Security Number _____
 Are you presently open for business? _____ When do you wish to open for business? _____
 Type of business _____ Number of employees _____
 Alterations to site consist of _____

SIGNAGE: (Please reference handouts at the front counter which indicate permitted signage by zoning district).

Do you wish to have signage? YES NO . All signs require a permit, even on a name change to an existing sign. If signage is requested, a drawing of the sign is required indicating size, content and location of the sign. The drawings, along with a permit application are required to be submitted in triplicate by a properly licensed sign contractor to the sign department for review prior to permit issuance. For specific signage information please call 727-363-9237.

USAGE/UNIT/FEE INFORMATION: (Please complete if applicable)

Merchant: inventory amount _____ **Restaurant/Lounge:** seating count _____ **Rental Units:** number of units _____
Beauty/Barber Shop: station count _____ **Gas Station:** number of nozzles _____ **Marina:**
 number of slips or storage units _____ **Commercial vessels:** number of vessels _____ **Coin Operated**
Machines: Vending Machines _____ Game Machines _____ Pool Tables _____ Laundry
 Machines **Entertainment:** (Yes/No) _____ Admission charge (amount) _____

EMERGENCY INFORMATION: After closing, alternate names, addresses and phone numbers (other than referenced above)

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

I (please print) _____ being duly authorized to sign for the business named above, hereby make application for the privilege of engaging in business within the City of St Pete Beach, Florida. I further understand that the business will adhere to all laws, statutes and City Ordinances that may apply to the business. I acknowledge that I have read this application, and should the business be found guilty of violation of any law, statute or City Ordinance, the occupational may be revoked by the City of St Pete Beach, Florida as outlined in Chapter 78 of the City Code of Ordinances.

APPLICANT SIGNATURE _____ Date _____

Sworn to me this _____ day of _____ 20____ by _____ who is personally known to me or has produced _____ as identification.

Notary Signature