

**CITY OF FLORIDA CITY  
LOCAL BUSINESS TAX  
APPLICATION AFFIDAVIT**

FOR OFFICE USE ONLY	
License No.	_____
Total Fee	_____
Category	_____

**A \$25.00 NON-REFUNDABLE FEE IS REQUIRED AT TIME OF SUBMITTAL TO PROCESS THIS APPLICATION WHICH WILL BE APPLIED TO YOUR LICENSE IF ISSUED**

Application is hereby made for an Occupational License for the purpose of engaging in the business, profession or occupation hereinafter described.

**(PLEASE PRINT)**

Name of Business (dBA) _____	Billing Address _____
Address _____	_____
Zip _____ Phone _____	_____
Emergency Phone _____	Owner Name _____
(Need copy of Federal Employee Identification # and/or Social Security card)	Address _____
State License Number _____	Zipcode _____
(If Applicable, Need Copy)	Phone _____
U. S. Citizen? _____ Resident Alien? _____	Corporation Name _____
(Need copy of INS card and / or Photo ID)	(Need Copy of Article of Incorporation)

**Please check the following boxes that apply to your business. Describe further in Sections 1 thru 6**

- |  |   |
|--|---|
| <input type="checkbox"/> AMUSEMENT AND RECREATION (See Section 1)              | <input type="checkbox"/> MEDICAL OFFICE / HEALTH CARE FACILITY          |
| <input type="checkbox"/> AUTOMOTIVE SERVICES (See Section 3)                   | <input type="checkbox"/> OTHER PROFESSIONAL (Specify in Section 6)      |
| <input type="checkbox"/> BARBER / BEAUTY SHOP / NAIL / TANNING (See Section 3) | <input type="checkbox"/> MERCHANT - RETAIL & WHOLESALE                  |
| <input type="checkbox"/> CONTRACTOR (Specify Type) _____                       | <input type="checkbox"/> MOBILE HOME PARK / TRAILER PARK                |
| <input type="checkbox"/> DRY CLEANING / LAUNDRYMAT (See Section 1)             | <input type="checkbox"/> NON-PROFIT ORGANIZATION (Specify in Section 6) |
| <input type="checkbox"/> EATING AND DRINKING ESTABLISHMENTS (See Section 1)    | <input type="checkbox"/> REAL ESTATE (See Section 4)                    |
| <input type="checkbox"/> INSURANCE AND / OR BONDING COMPANY                    | <input type="checkbox"/> RENTAL UNITS (See Section 5)                   |
| <input type="checkbox"/> MANUFACTURING   | <input type="checkbox"/> WAREHOUSE                                      |
| <input type="checkbox"/> LANDSCAPING / HORTICULTURAL SERVICES                  | <input type="checkbox"/> MOBILE VENDOR / PEDDLER                        |
| <input type="checkbox"/> MISCELLANEOUS (Describe further in Section 6)         |   |

**Hours of Operation** \_\_\_\_\_

**Property Folio Number** \_\_\_\_\_

**No of Children** \_\_\_\_\_

**Number of Employees** \_\_\_\_\_

**Total Square Feet** \_\_\_\_\_

Please check the appropriate boxes and fill in spaces pertaining to your business

SECTION 1	
<input type="checkbox"/> CATERING OR DELIVERY _____	NUMBER OF ALLEYS - BOWLING ALLEY _____
<input type="checkbox"/> DRIVE IN / DRIVE THRU _____	NUMBER OF MACHINES - COIN OPERATED AMUSEMENT MACHINES _____
<input type="checkbox"/> ENTERTAINMENT _____	NUMBER OF MACHINES - FOOD, BEVERAGE, OR TOY VENDING MACHINES _____
<input type="checkbox"/> DANCING _____	SEATING CAPACITY _____
<input type="checkbox"/> JUKEBOX _____	NUMBER OF VENDING MACHINES _____

SECTION 2		
_____ NUMBER OF STYLING CHAIRS _____	_____ NUMBER OF STYLING CHAIRS _____	_____ NUMBER OF TANNING BOOTHS _____
(For Hair Salons & Barbers)	(For Nail Sculptures)	

SECTION 3			
_____ NUMBER OF GAS PUMPS _____	<input type="checkbox"/> WRECKER SERVICE _____	<input type="checkbox"/> CAR WASH _____	<input type="checkbox"/> WINDOW TINT _____
_____ NUMBER OF VECHICLE CAPACITY _____	_____ NUMBER OF PUBLIC CONVEYANCE _____	_____ NUMBER OF TAXI CABS _____	
_____ NUMBER OF CAR RENTALS _____	_____ NUMBER OF TRUCK RENTALS _____	_____ NUMBER OF TRAILER RENTALS _____	

SECTION 4			
_____ NUMBER OF BROKERS _____	_____ NUMBER OF SALESPERSONS _____	_____ NUMBER OF ADJUSTERS _____	_____ NUMBER OF AGENTS _____
Please submit an accurate list of every person who issues or contracts on his account by agent, or otherwise to issue policies or contracts for, or agreements with, any local agent/agency which represent you. Please include their mailing address and State License Number.			

**SECTION 5**

\_\_\_\_ NUMBER OF 1 BEDROOM RENTALS  
\_\_\_\_ NUMBER OF SPACES (MOBILE HOME PARK)  
\_\_\_\_ NUMBER OF WASHERS AND DRYERS

\_\_\_\_ NUMBER OF 2 BEDROOM RENTALS  
 DRY CLEANING SERVICE / DROP OFF  
\_\_\_\_ NUMBER OF DRY CLEANING MACHINES

**SECTION 6**

State character type of business, profession or occupation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
NUMBER OF STUDENTS - SCHOOL/DAY CARE \_\_\_\_\_

I have read the foregoing and certify the information contained herein is correct to the best of my knowledge and belief. Unless specifically requesting establishment of an adult use, I also certify the business, its owners and its operators are not involved in adult entertainment business in Florida City or in any other jurisdiction, and have not been convicted of Chapter 794, 796, 800 or 847, Florida State Statutes, offences, or similar statutes of another state. I understand that any misrepresentation shall be grounds for revocation of my license. I also understand that I must comply with all code requirements of the City of Florida City.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant & Title

\_\_\_\_\_  
Printed Name of Applicant

**Mail To:** City of Florida City  
Occupational Licenses  
404 West Palm Drive Building # 3  
Florida City, FL 33034

**Apply At:** City of Florida City  
Community Development Division  
Building & Zoning Department  
404 West Palm Drive Building # 3  
Florida City, FL 33034

**DO NOT WRITE IN THIS SPACE**

DERM Approval Stamp if Applicable

**Make checks payable to: City of Florida City**

**OFFICIAL USE ONLY**

Planning & Zoning Approval \_\_\_\_\_

Signature of Planning & Zoning Official

OK TO ISSUE - BY: \_\_\_\_\_

Signature of Building Official