

CITY OF BLOUNTSTOWN, FLORIDA
APPLICATION FOR BUSINESS LICENSE

This institution is an equal opportunity provider and employer

PLEASE PRINT

(Picture identification required)

IF THIS IS A LICENSE RENEWAL AND THERE HAVE BEEN NO CHANGES IN THE PAST YEAR, PLEASE CHECK NO CHANGES AND DATE AND SIGN THE APPLICATION.

_____ NO CHANGES IN PAST YEAR

Date of Application: _____

Type of Business and Description of Business Activity: _____

Business Name: _____

DBA: _____

Business Mailing Address: _____

Business Physical Location Address: _____

Business Phone: _____ Fax: _____

Owner/Officer Name: _____

Title: _____ (owner, president, vice president, etc.)

Residence Address: _____

Home Phone: _____ Business Cell Phone: _____

Name and addresses of other businesses applicant has been involved in during past 5 years:

List any and all crimes, misdemeanors and/or municipal code violations the owner(s) have been convicted of, charged with, currently pending or plead nolo contendere to within the last 10 years:

To the best of my knowledge and belief, I hereby affirm that this business activity has complied with all applicable laws, codes, regulations and governmental requirements and that the business premises are suitable for the business activity contemplated and comply with all applicable zoning, building, fire, safety and health codes. I understand that issuance of an occupational license shall not be evidence that the holder has complied with applicable governmental regulations and that the ordinance(s) of the City of Blountstown shall be cumulative to all other governmental requirements.

Signature of Owner/Officer