

**CITY OF FROSTPROOF
OCCUPATIONAL LICENSE APPLICATION**

NEW _____
TRANSFER _____
CHANGE INFO _____

FEE _____

DATE OF APPLICATION

BUSINESS NAME: _____
STREET ADDRESS _____
MAILING ADDRESS _____
CITY: _____
STATE: _____ ZIP _____ FAX # _____
BUSINESS PHONE _____ CELL PHONE _____ PAGER _____
E-MAIL ADDRESS _____ ORIGINAL OPENING DATE OF BUSINESS _____

OWNER'S NAME: _____ S.S.# _____
STREET ADDRESS _____ D.L.# _____
MAILING ADDRESS _____ EXPIRATION DATE _____
CITY: _____ STATE OF ISSUE _____
STATE: _____ ZIP: _____ DATE OF BIRTH _____
HOME PHONE _____ CELL PHONE _____ PAGER _____
E-MAIL ADDRESS _____ FAX # _____

TYPE OF BUSINESS OR SERVICE _____

SEATING CAPACITY, IF RESTAURANT _____ STOCK VALUE, IF MERCHANT _____

HOW MANY? UNITS, IF RENTALS _____ SPACES, IF RV OR MHP _____

SQ FT _____ CHAIRS, IF BARBER OR BEAUTICIAN _____ TABLES, IF BILLIARDS _____

NEED COPIES OF BELOW

FICTITIOUS NAME REGIS # _____ OR DIV OF CORP REGIS # _____

DEPT OF AGRI & CONSUMER SERVICES REGIS # & DATE _____

DEPT OF PROF. & BUSINESS REGULAT'N REGIS # & DATE _____

FLA DEPT OF REVENUE SALES TAX # & DATE _____

EMPLOYER ID # (EIN) _____

PLEASE LIST ANY SUBSIDIARY CORPORATIONS (ENTER ON COMMENTS LINE OR ON BACK)

SIGNATURE

NEW BUSINESSES ONLY

BUILDING DEPARTMENT APPROVAL _____

CODE ENFORCEMENT APPROVAL _____

FIRE DEPARTMENT APPROVAL _____

POLICE DEPT APPROVAL _____

COMMENTS _____

