

OFFICE OF THE CITY CLERK, TENNY R. CROLEY

NEW BUSINESS CHECKLIST

BEFORE PURCHASING ANY OTHER LICENSES, MAKE SURE THE LOCATION YOU HAVE CHOSEN FOR YOUR BUSINESS HAS THE NEEDED ZONING. IF YOU ARE RENTING A BUILDING, MAKE SURE THE OWNER WILL ALLOW YOU TO MAKE THE NEEDED CHANGES AND THAT IT IS SOMETHING YOU CAN AFFORD TO DO; I.E., A RESTAURANT IS REQUIRED TO HAVE A COMMERCIAL OVEN HOOD AND VENT SYSTEM. A MOTEL IS REQUIRED TO HAVE A COMMERCIAL FIRE ALARM SYSTEM WITH EACH ROOM INTERCONNECTED.

The following are some of the items needed to complete the application process. Checked items must be provided before a license may be issued. We will be glad to make copies from your originals.

- ☐ City of Frostproof Occupational License Application. It must be filled out in entirety and signed by the owner of the business or an officer of the corporation.
- ☐ If purchasing a business, a notarized bill of sale and the original current year license is required.
- ☐ Social Security number or Federal Taxpayer ID number
- ☐ Florida Corporation Charter Page
- ☐ Fictitious Name Registration from the Secretary of State. If you do not yet have this, but want to open your business right away, you may apply using your legal name. When you receive your fictitious name, you may pay a \$15 fee to change the name.
- ☐ Zoning and Building Inspector sign-off on application.
- ☐ Fire Department Inspector sign-off on application.
- ☐ Current State or Federal license.
- ☐ Florida Sales Tax Number
- ☐ Current Polk County License

FICTITIOUS NAME EXEMPTION INFORMATION

By affixing my name and signature below, I understand that I am affirming that my business or profession is exempt from the Fictitious Name Registration as defined in Florida Statutes 205.023 for the reason indicated:

_____ Attorney

_____ Incorporated Business

_____ Licensed by the Florida Dept of Business and Professional Regulation

_____ Licensed by the Florida Department of Agriculture

_____ I/We have chosen to use my/our **first and last names** as part of my/our business name.

Applicant's Printed Name and Signature

I certify that the foregoing information is, to the best of my knowledge and belief, true and accurate. I acknowledge that a license issued pursuant to this application does not waive requirements of any city, county, state, or federal ordinance, statute, or regulation that I must meet prior to entering the business, profession, or occupation for which the license is sought. I have or will comply with all such requirements.

I specifically acknowledge that a license issued pursuant to this application does not indicate that the parcel of land upon which I intend to operate is properly zoned for the activity for which I intend to conduct. It is **MY RESPONSIBILITY TO VERIFY COMPATIBLE ZONING WITH THE APPROPRIATE AUTHORITY PRIOR TO COMMENCING OPERATIONS.**

Applicant's Printed Name and Signature

PLEASE MAKE CHECKS PAYABLE TO:

CITY OF FROSTPROOF