

**CITY OF APALACHICOLA**  
FAX: (850)653-1529  
**BUSINESS TAX APPLICATION**

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

OWNER OR AGENT: \_\_\_\_\_

AGENT MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_

TYPE OF BUSINESS, PROFESSION OR OCCUPATION: \_\_\_\_\_

BUSINESS STARTING DATE: \_\_\_\_\_

BUSINESS FEDERAL IDENTIFICATION #: \_\_\_\_\_

STATE CONTRACTORS LICENSE NUMBER: \_\_\_\_\_  
(ELECTRICAL, PLUMBING, BUILDERS, ETC.)

ALL LICENSES SOLD BY THE CITY OF APALACHICOLA SHALL BE DUE AND PAYABLE ON OCTOBER 1<sup>st</sup> EACH YEAR AND SHALL EXPIRE ON SEPTEMBER 30<sup>th</sup> OF THE SUCCEEDING YEAR.

NO PERSON OR CORPORATION SHALL ENGAGE IN OR MANAGE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CITY OF APALACHICOLA WITHOUT PURCHASING AN OCCUPATIONAL LICENSE.

SIGNATURE: \_\_\_\_\_

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Office Use Only:

Zoning: \_\_\_\_\_  
Certificate of Occupancy #: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Occupational License #: \_\_\_\_\_

Amount: \_\_\_\_\_  
Late fee: \_\_\_\_\_  
Section#: \_\_\_\_\_  
Total charged: \_\_\_\_\_