

Classification Number: _____
Zoning Category: _____

Appointment Date: _____
Appointment Time: _____

APPLICATION FOR OCCUPATIONAL LICENSE

I _____, hereby make application to the City of Haines City for license to operate a business in accordance with the Code of Ordinances of the City of Haines City, and any applicable State and Federal Statutes.

PARCEL IDENTIFICATION NO.: _____

NAME OF BUSINESS: _____

BUSINESS LOCATION ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

EXPLANATION OF THE BUSINESS OPERATION (INCLUDE THE HOURS OF OPERATION): _____

Inventory Amount \$ _____
Regulatory or Professional License # _____
No. of Employees: _____
No. of Rooms: _____

No. of Vehicles: _____
No. of Parking Spaces: _____
No. of Tables: _____
No. of Machines: _____
No. of Seats: _____

Total Square Footage: _____

EMERGENCY INFORMATION

BUSINESS OWNER(S): _____

HOME ADDRESS: _____

HOME PHONE NO: _____

BUILDING OWNER: _____

OWNER'S ADDRESS: _____

PHONE NUMBER: _____

