

APPLICANT INFORMATION:

Type of Business Proposed: _____

Address of Proposed Business: _____

(Lot # and legal description) _____

Corporate Name: _____

Mailing Address: _____

Phone Number _____ Fax Number _____

Email Address: _____

Name/Capacity of Officers: _____

Directors, Principal Stockholders: _____

Address: _____

Phone Number _____ Fax Number _____

Copy of Articles of Incorporation submitted? Yes ___ No ___ Tax ID: _____

*** Copy of County and/or State License Required.**

THE FOLLOWING INFORMATION MUST BE PROVIDED AS APPROPRIATE TO APPLICATION:

1. Square footage of location: Total _____ Office Space _____ Storage _____
2. Any use or storage of Flammable or Explosive materials? _____
3. Number of Employees: _____ Number of Company Vehicles: _____
4. Are there any interior/exterior alterations to be performed prior to occupancy? Yes ___ No ___
5. Number Vending Machines: _____ Outside Storage: Yes ___ No: _____

APPLICANT'S CERTIFICATION

(I) (We) affirm and certify that (I) (We) understand and hereby consent to comply with all provisions and regulations of the Town of Mangonia Park, Florida, including the exercise of the responsibilities and duties of all employees and agents of the Town. (I) (We) understand that if this Application is approved by the Town, the business or profession will be subjected to all applicable laws, regulations, taxes and police powers of the Town including, but not limited to, the Comprehensive Plan and Zoning Ordinances. (I) (We) further certify that all statements, affidavits and diagrams submitted herewith are true and accurate to the best of (my) (our) knowledge and belief and understand that giving false or misleading information on this form shall result in (my) (our) business license being automatically rendered null and void. Further, (I) (We) understand that this Application and attachments become part of the Official Records of the Town and are not returnable.

Witness

Signature of Applicant

Printed Name of Applicant

Witness

Signature of Applicant

Printed Name of Applicant

-----FOR OFFICIAL USE ONLY-----		
Yearly Fee _____	P.B.C. Business License _____	Zoning District _____
BT Code(s) _____		

BEFORE ISSUANCE OF BUSINESS LICENSE, THE DESCRIBED PLACE OF BUSINESS MUST BE INSPECTED AND APPROVED BY THE TOWN OFFICIAL(S) CHECKED BELOW:

BUILDING DEPARTMENT _____ FIRE DEPARTMENT _____
(Signature of approval) (Signature of approval)

Authorized Signature

Date of Approval