

**CITY OF CARRABELLE
CARRABELLE, FLORIDA**



OCCUPATIONAL LICENSE APPLICATION

APPLICANT: _____

CO-APPLICANT: _____

MAILING ADDRESS: _____

PHONE: _____

BUSINESS NAME: _____

TYPE OF BUSINESS: (CHOOSE CATEGORY FROM LIST) _____

PHYSICAL ADDRESS OF BUSINESS: _____

Is the location of your proposed business in a commercially zoned area? YES / NO

Identify all services your business will provide: _____

ANY FALSIFICATION, MIS-USE OF ZONING CODES OR CHANGES NOT DESCRIBED ORIGINAL LICENSE WILL RESULT IN THE REVOCATION OF YOUR LICENSE WITHOUT REFUND. FAILURE TO UPDATE YEARLY AS REQUIRED WILL RESULT IN PENALTIES DESCRIBED IN THE CITY OF CARRABELLE ORDINANCE #115.

ALL PROFESSIONAL OCCUPATIONS MUST PROVIDE STATE BUSINESS LICENSE.

PLEASE PROVIDE PHOTO ID FOR APPLICANT AND CO-APPLICANT

APPLICANT SIGNATURE: _____ **DATE:** _____

CO-APPLICANT SIGNATURE: _____ **DATE:** _____