



CITY OF OCALA

LICENSING & CERTIFICATION
P.O. BOX 1270, OCALA FLA
(352) 629-8421
(352) 629-6432 FAX

OCCUPATIONAL LICENSE APPLICATION

- 1. A. Name of Business _____
 B. Fictitious Name (must be registered with the State of Florida) _____
 C. Federal ID # _____
- 2. Address of Business _____
- 3. A. Type of Business _____ Square Footage _____
 B. Will any used items be bought or sold _____
- 4. Form of Business: () Individual () Partnership () Corp
- 5. Name of Owners/Officers _____
- 6. Mailing Address _____
- 7. Business Phone # _____ Emergency # _____
- 8. Date Business started at this Address _____
- 9. Eligible for exemption (If over the age of 65 or Disabled)
 Yes _____ No _____ Date of Birth _____ Other _____
- 10. Number of employees _____ Restaurant seating _____
- 11. Number of Apartments, Rooms, Mobile Homes _____
- 12. Number of Vehicles, Trailers, Vending Machines _____

***The undersigned does hereby request that an Occupational License/Home Occupation tax permit be issued to the above on the basis of and subject to the herein set forth information with the understanding that all the City of Ocala Ordinances shall be complied with whether specified or not. All information supplied shall become public record.

*****Home Occupations: No home occupation shall occupy more the 20% of the first floor living area. Please submit a drawing showing living area/business are for the above business.**

I swear or affirm that the above information is true and correct to the best of my knowledge.

Applicants Signature _____ Date _____

Applicants Title _____

FOR OFFICE USE ONLY

_____ Inspection approved	Account Number _____
_____ Home Occupation	Category _____
_____ Zoning Approval/Type _____	Classification _____
_____ Transfer of Ownership	Date Issued _____
_____ Transfer of Location	

Zoning Official _____