

**CITY OF CHIPLEY
OCCUPATIONAL LICENSE APPLICATION**

Post Office Box 1007 · Chipley, Florida 32428 · (850) 638-6350 · Fax (850) 638-6353

FILING THIS APPLICATION FOR A CITY LICENSE DOES NOT ALLOW APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS UNTIL AN OCCUPATIONAL LICENSE IS ISSUED TO THE APPLICANT. ANY PERSON, FIRM OR CORPORATION WHO SHALL ENGAGE IN ANY BUSINESS, PROFESSION OR OCCUPATION WITHOUT AN OCCUPATIONAL LICENSE SHALL BE PUNISHED IN ACCORDANCE WITH CITY CODE.

PLEASE TYPE OR PRINT CLEARLY

CHECK THE FOLLOWING WHICH APPLIES: New/Commercial New/Home Occupation Revised/Updated

TRANSFER Yes No

REASON FOR TRANSFER/CHANGE (Check One) Name Location Ownership

I acknowledge receipt of Home Occupation Restrictions. _____ (Initial)

1. Name of Business or Individual _____

2. Physical Address _____

3. Mailing Address _____

4. Business Telephone No.: _____ Business Fax No.: _____

5. Local Manager/Contact Person _____ Telephone # (if different) _____

6. Disability Exemption Yes No (Support documentation must be provided.)

7. Will the business sell alcoholic beverages: Yes No (If yes, please attach Certificate of Compliance)

8. BUSINESS TYPE: (CHECK ALL CLASSIFICATIONS WHICH APPLY)

<input type="checkbox"/> AGENCY/BROKER	<input type="checkbox"/> GAS/OIL/#HOSES _____	<input type="checkbox"/> RESTAURANTS/#SEATS _____
<input type="checkbox"/> AUTO/VEHICLE ACTIVITY	<input type="checkbox"/> JUNK DEALERS	<input type="checkbox"/> SCHOOLS/#STUDENTS _____
<input type="checkbox"/> BANK/LENDING INSTITUTION	<input type="checkbox"/> SERVICES	<input type="checkbox"/> CONTRACTORS
<input type="checkbox"/> MERCHANT/SQ FT _____	<input type="checkbox"/> FORTUNE TELLER	<input type="checkbox"/> RENTAL/#UNITS _____
<input type="checkbox"/> VEHICLE SERVICES/#BAYS _____	<input type="checkbox"/> PROFESSIONAL/TYPE _____	
<input type="checkbox"/> CARWASH/DETAIL SHOP – HOW IS WATER CONTAINED & DISCHARGED? _____		

9. PRINCIPAL PRODUCTS/SERVICE: _____

10. State License No.: _____ (Attach Copy if required in order to do business in the State of Florida)

11. Fed. ID # or SS #: _____

12. City of Chipley Utility Account No.: _____

13. The following information will be used by the Washington County Chamber of Commerce:

Building Square Footage: _____ # Floors: _____ # Employees: Full-time _____ Part-time _____

Building Owner's Name: _____ Address: _____

14. Grease Trap (Food Services) Yes No (Must be inspected annually)
Backflow Preventer Yes No (Provide copy of last backflow test for building)

