



**CITY OF CHIPLEY
BUSINESS TAX 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 A BUSINESS TAX LICENSE IS ISSUED TO THE APPLICANT. ANY PERSON, FIRM OR CORPORATION WHO SHALL ENGAGE IN ANY BUSINESS, PROFESSION OR OCCUPATION WITHOUT A BUSINESS TAX LICENSE SHALL BE PUNISHED IN ACCORDANCE WITH CITY CODE.

PLEASE TYPE OR PRINT CLEARLY

CHECK THE FOLLOWING WHICH APPLIES: () New/Commercial () New/Home-Based Occupation () Revised/Updated

TRANSFER () Yes () No

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

I acknowledge receipt of the Chipley Code of Ordinances – Chapter 44 – Article X – Home-Based Occupations. _____ (Initial if applicable)

I acknowledge receipt of the Chipley Code of Ordinances – Chapter 30 – Signs: _____ (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: _____ Email Address: _____

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: (MARK ALL CLASSIFICATIONS WHICH APPLY)

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

9. PRINCIPAL PRODUCTS/SERVICE: _____

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

11. Federal Identification No.: _____

12. City of Chipley Utility Account No.: _____

13. The following information will be used by the Washington County Chamber of Commerce:
(Complete sections 13 and 14 only if located inside the city limits of Chipley, or on the Chipley Water System)

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)

CERTIFICATION: I certify that all the information contained herein is true and correct to the best of my knowledge and belief. I acknowledge that a license issued pursuant to this application does not waive requirements of any city, county, state or federal ordinances, statute or regulation that I must meet prior to entering into the business, profession or occupation for which the license is sought. I will comply with all requirements, and I understand that failure to do so is punishable in accordance with city code. **Under penalties of perjury, I declare I have read the foregoing document and that the facts stated in it are true.**

Signature of Officer/Owner Title Date

Print Name

PLANNING & ZONING OFFICE

Zoning Classification: _____

Other Notes: _____

Planning & Zoning Approval Date

CODE ENFORCEMENT OFFICE

Adequate Parking Provided: () Yes () No Sign Compliance: () Yes () No

Disabled Parking Provided: () Yes () No

Other Notes: _____

Code Enforcement Approval Date

CITY CLERK'S OFFICE

Business Tax License Classification: _____ Initial: _____

() Full Year () Half Year () Transfer (Calculation of Fee) _____

Fee: _____ Date Paid: _____ Check No./C.C.: _____

Location No: _____ License No.: _____

Other Notes: _____

City Clerk Approval Date