

# City of Safety Harbor New Business Form

## INFORMATION (TO BE FILLED OUT BY BUSINESS OWNER)

### 1. NAME:

|                      |                   |
|----------------------|-------------------|
| Business Owner Name: |                   |
| Business Name:       |                   |
| Applicant's Name:    |                   |
| Date of Lease:       | Date of Purchase: |
| Address:             |                   |
| Telephone:           | E-Mail:           |

### 2. PROPERTY OWNER:

|            |         |
|------------|---------|
| Name:      |         |
| Telephone: | E-Mail: |

### 3. SITE INFORMATION:

|   |
|---|
| Address:  |
| Ste #:  |
| Floor:  |
| Is the business in a new building?  |
| Have any recent renovations been done to the space? ___ yes ___ no. If yes, describe: |
| Are renovations planned? ___ yes ___ no. If yes, describe:                            |

### 4. USE INFORMATION:

|   |
|---|
| What was the prior use of the space?  |
| What is the proposed use?   |
| Will food be served? ___ yes ___ no. If yes, is there a grease trap? ___ yes ___ no |
| Will alcohol be served? ___ yes ___ no. Is there a three-part sink? ___ yes ___ no  |
| Are you only adding an employee or chair? ___ y ___ n If so, what type?             |

**5. FOR SPACES THAT WERE A RESTAURANT USE PREVIOUSLY AND WILL BE NEW RESTAURANT UNDER DIFFERENT OWNERSHIP:**

**To Be Filled Out By Business Owner – Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

|   |  |
|---|--|
| Is there a grease trap? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Is there a three-part sink? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many seats are proposed?  | Is there outdoor seating? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| What type of food will be served?   |  |
| Have you completed any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical<br><input type="checkbox"/> Plumbing <input type="checkbox"/> Building <input type="checkbox"/> New Appliances <input type="checkbox"/> New Sinks Other: |  |
| Are you planning any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:  |  |
| Are bathrooms located within the restaurant or a common bathroom area?  |  |
| How many bathrooms are there?   |  |
| <b>SIGNATURE:</b>   | <b>DATE:</b>   |

**To Be Filled Out By Building/Property Owner – Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

|   |              |
|---|--------------|
| Have you completed any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical<br><input type="checkbox"/> Plumbing <input type="checkbox"/> Building <input type="checkbox"/> New Appliances <input type="checkbox"/> New Sinks Other: |              |
| Are you planning any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:  |              |
| <b>SIGNATURE:</b>   | <b>DATE:</b> |

\*\*\*\*\***TO BE FILLED OUT BY CITY STAFF**\*\*\*\*\*

|                      |                     |
|----------------------|---------------------|
| Zoning:              | Permitted Use?      |
| Change of Use?       | Parking Meets Code? |
| Change of Occupancy? |                     |
| Other Notes:         |                     |