

SECTION 2

_____ No. ATM machines

_____ No. of employees

SECTION 3

_____ No. of chairs (hair salons & barbers)

_____ No. of chairs (nail sculpturing & manicure)

_____ No. of stations (animal groomers)

_____ No. of therapists (massage therapy)

SECTION 4

_____ Wholesale bulk or dealer

_____ Service station

_____ Service station with mini store

_____ Carwash

_____ Wrecker Service

_____ Number of limos

SECTION 5

_____ No. of brokers

_____ No. of salespersons

_____ No. of adjusters

_____ No. of agents

SECTION 6

_____ Vehicle capacity

_____ No. of storage units

_____ No. of rental units (Hotel/Motel/Apt.)

_____ Vehicle rental

_____ Equipment rental

_____ Self-service laundry

_____ Dry cleaning service

_____ Dry cleaning plant/branch

SECTION 7

State character or type of business, profession or occupation:

By completing this application, I agree that the business will abide by all local, county, state, and federal laws that may apply. I understand that should the business be found guilty of a violation of any law, the City of Safety Harbor as provided by city ordinances, may revoke my local business tax receipt.

_____ Date

_____ Signature of Applicant

OFFICIAL USE ONLY

ZONING _____

BUILDING _____

PUBLIC WORKS _____

Change of Use

Is the proposed business:

1) Operating out of an existing building? Yes____ No ____

If "Yes", what was the prior use? _____

If "No", have new construction plans been submitted to the Building Department? Yes ____ No ____

Signs

Do you plan to put up a new sign? Yes ____No ____

New signs require a building permit and may require a structural permit. Please sign below acknowledging you understand permit(s) are required prior to putting up a new sign.

Signature _____ Date _____

Fictitious Name Affidavit

I hereby attest that I am not required to register my business with the Secretary of State of Florida under the Fictitious Name Act for one of the following:

- Doing business under my legal name.
- Business is incorporated and registered with the Secretary of State.
- Business name is a registered trademark.
- Exempt due to being licensed by DBPR.
- Federally chartered Bank.
- Other _____

Signature _____ Date _____

Print Name _____

2002 Florida Statutes

Social Security Number

PLEASE NOTE: If you have already provided us with your Federal Tax I.D. number on your application we do not need to collect your social security number.

205.0535 Reclassification and rate structure revisions.

(5) No tax receipt shall be issued unless the federal employer identification number or social security number is obtained from the person to be licensed.

119.0721 Social Security Number Exemption.

(8) An agency shall not collect an individual's social security number unless authorized by law to do so or unless the collection of the social security number is otherwise imperative for the performance of that agency's duties and responsibilities as prescribed by law. Social security numbers collected by an agency must be relevant to the purpose for which collected and shall not be collected until and unless the need for social security numbers has been clearly documented. Any agency that collects social security numbers shall also segregate that number on a separate page from the rest of the record, or as otherwise appropriate, in order that the social security number be more easily redacted, if required, pursuant to a public records request. An agency collecting a person's social security number shall, upon that person's request, at the time of or prior to the actual collection of the social security number by that agency, provide that person with a statement of the purpose or purposes for which the social security number is being collected and used. Social security numbers collected by an agency shall not be used by that agency for any purpose other than the purpose stated. Social security numbers collected by an agency prior to May 13, 2002, is found to be unwarranted, the agency shall immediately discontinue the collection of social security numbers for that purpose.

FIRE DEPARTMENT QUESTIONNAIRE

Name of Business _____

Address of Business _____

Applicant Name _____ Phone # _____

Type of Business _____

The following questions need to be answered before the Fire Department can properly process your application. When your business is ready for final inspection, please call Fire Administration at (727) 724-1535 to set up an appointment. Licenses will not be approved without inspection by the Fire Department. Thank you for your cooperation.

Per Florida Statute Chapter 442, businesses are required to report toxic substances to their local fire Department as well as keep a list of the substances on file at the business location. Please complete and sign the Hazardous Material Management Plan attached to this application.

_____ If you do not have any hazardous substances at your business location and do not use any hazardous substances please check above line.

1. Is your business open to the public? Yes _____ No _____
2. Does your business have exit signs indicating the exit door(s) or pathway? Yes _____ No _____
3. Are your exit signs the lighted unit type? Yes _____ No _____
4. Are the lights working properly over the exit sign(s)? Yes _____ No _____
5. Does your place of business have fire extinguishers? Yes _____ No _____
6. How many exits do you have? _____
7. List two (2) names of emergency contact persons (Key Holders)
 - a) Name: _____ Phone No: _____
 - b) Name: _____ Phone No: _____
8. Required permits from other agencies:
 - a) Agency: _____ Number: _____
 - b) Agency: _____ Number: _____

Comments-Fire Dept _____ Date _____