



CITY OF GRACEVILLE
OCCUPATIONAL LICENSE/ INTINERANT MERCHANT & SOLICITATION PERMIT

OCCUPATIONAL LICENSE

ITINERANT MERCHANT PERMIT

SOLICITATION PERMIT

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR OCCUPATIONAL LICENSE.

NAME OF BUSINESS _____ PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ OWNER'S NAME _____

TYPE OF BUSINESS ACTIVITY _____

FLORIDA SALES TAX & USE TAX CERTIFICATE NUMBER _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR INTINERANT MERCHANT AND SOLICITATION PERMITS.

NAME OF APPLICANT _____ RESIDENTIAL PHONE NUMBER _____

PERMANENT RESIDENTIAL ADDRESS OF APPLICANT _____

NAME OF BUSINESS _____

NAME OF APPLICANT'S EMPLOYER _____

BUSINESS PHONE NUMBER _____

TYPE OF BUSINESS ACTIVITY _____

APPLICANT'S DATE OF BIRTH _____ RACE: _____ SEX: M F HEIGHT: _____ WEIGHT: _____

EYE COLOR _____ HAIR COLOR _____ COMPLEXION _____

DRIVER'S LICENSE NUMBER _____

FLORIDA SALES TAX & USE TAX CERTIFICATE NUMBER _____

HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR NOLO CONTENDERE TO ANY CRIME? _____

IF YES, WHAT WAS THE NATURE OF THE OFFENSE AND PUNISHMENT/PENALTY ASSESSED? _____

APPLICANT SIGNATURE _____ DATE _____

ZONING: _____ HOME OFFICE OF CONVENIENCE HOME OCCUPATION

COMMENTS: _____

WATER DEPT. APPROVAL: _____ DATE: _____

CITY MANAGER APPROVAL: _____ DATE: _____

CITY CLERK/ZONING APPROVAL: _____ DATE: _____

LICENSE/PERMIT NUMBER: _____ DATE: _____ FEES: \$ _____

EXPIRATION DATE: _____