



City of St. Augustine Application For Friday Review

Office Use Only
Application Fee _____
Date Paid _____

Business Name _____

Business Physical Address _____ Parcel Number _____

Business Email _____ Business Telephone _____ Business Fax _____

Business Owner _____	Property Owner _____
Mailing Address _____	(R/E) Mailing Address _____
_____	_____
Telephone _____	Telephone _____

Type of Business _____

Square Footage _____ Number of Employees Per Shift _____ Number of Seats _____

Number of Units _____ Previous Use _____ Vacant _____ Other _____

Agreement (signature required):

In filing this application, I understand that it becomes a part of the Public Record of the City of St. Augustine, and hereby certify that all the information contained herein is accurate to the best of my knowledge

SIGNATURE OF APPLICANT

DATE