



# 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 _____
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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

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SIGNATURE OF APPLICANT

DATE