



City of St. Augustine Application Business Tax Receipt

Office Use Only
Application Fee _____
Date Issued _____

Account # _____

Bill # _____

Application Type:

_____ New Business	_____ Home Office Private	_____ Home Occupation	_____ Existing Business—Change of Business Owner
_____ Existing Business—Change of Name (previous name)	_____ Existing Business—Expired License		
_____ Existing Business—Change of Location (previous location)			

Business Name _____

Business Physical Address _____ Parcel Number _____

Business Email _____ Business Telephone _____ Business Fax _____

____ Check Here if Business Mailing Address is Same as Physical Business Address (If different complete line below)

Business Mailing Address _____

Business Owner _____	Property Owner _____
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Type of Business _____

Square Footage _____ Number of Employees Per Shift _____ Number of Seats _____
 Number of Units _____ 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. I further understand that a USE PERMIT and CERTIFICATE OF OCCUPANCY are required prior to occupying any building, structure or premises for business purposes. **I FURTHER UNDERSTAND THAT ALL REQUIRED BUILDING IMPROVEMENTS MUST BE PERMITTED, COMPLETED AND FINAL INSPECTIONS MADE PRIOR TO THE ISSUANCE OF THIS APPLICATION. SIGN PERMITS MAY BE OBTAINED FOLLOWING THE ISSUANCE OF THIS USE PERMIT.**

SIGNATURE OF APPLICANT

DATE

STAFF USE ONLY

USE PERMIT: Future Land Use _____	Zoning _____	Property Code _____
Change of Use __Y__ __N__	Previous Use/Name _____	
Parking Required _____ Provided _____	Utility Review Required __Y__ __N__	Landscaping _____
LAND USE/ZONING DETERMINATION: __APPROVED__ __DENIED__		INITIAL _____ DATE _____

Utilities Date

Fire Safety for Inspection Date

Building Inspection Date