

CITY OF STARKE
Declaration of Information for Occupational License

PURSUANT TO SECTION 205.0535, FLORIDA STATUTES, AND THE CITY OF STARKE CODE OF ORDINANCES, CHAPTER 12, LICENSE RATES WILL, FOR MANY BUSINESS CLASSIFICATIONS, BE BASED UPON VARIABLES SUCH AS INVENTORY, NUMBER OF EMPLOYEES, SEATING CAPACITIES, NUMBER OF COIN OPERATED MACHINES, PRODUCTION UNITS, ETC. IT IS NECESSARY THAT THE CITY ANNUALLY UPDATE THIS INFORMATION IN ORDER TO ACCURATELY ASSESS THE RATES AND FEES. PLEASE COMPLETE ALL APPLICABLE ITEMS BELOW, WHICH PERTAIN TO YOUR PARTICULAR CATEGORY OF BUSINESS. A LICENSE IS REQUIRED FOR EACH SEPARATE CLASSIFICATION OF BUSINESS. PLEASE COPY FOR EACH BUSINESS.

License No.: _____	New/Transfer/Renewal: _____		
Date Applied: _____	THIS AREA FOR CLERK'S OFFICE USE ONLY		
Code No.: _____	Fee \$ _____	APP Fee \$ _____	Total Fee \$ _____

NAME AND MAILING ADDRESS

Business Name: _____

D/B/A: _____ (Fictitious Name Change Required)

Type of Business: _____

Sole Proprietor []; Corporation []; Professional Association: []; Partnership: []; Other: []

APPLICANT'S NAME: _____ TELEPHONE NO.: _____

STATE LICENSE # (if required): _____; COUNTY LICENSE # (if required): _____

LOCATION ADDRESS: _____
Address State Zip

MAILING ADDRESS: _____
Address State Zip

PHONE NO (if different): _____ SS# or TAX ID #: _____ SALES TAX # _____

NOTE: A \$5:00 PROCESSING FEE IS APPLIED TO EACH LICENSE WHEN IT IS OBTAINED.
BUSINESS ACTIVITY CLASSIFICATIONS:

Check all that apply to your business.

1000 Agencies/Agents/Brokers
 1500 Alcohol Sales
 1700 Association

2000 Automobile, RV, Motorcycle Activity
 2500 Banking, Lending, Financial Investments
 2800 Communications Services

3000 Contractors
 3500 Entertainment/Amusement/Sports
 3750 Exhibition/Meeting Facility
 3800 Flea Market
 3900 Fortune Teller, Psychic, Etc.

4000 Gas & Oil Dealers
 4100 Hospitals & Short/Long Term Care Facilities
 4200 Insurance Companies
 4250 Junk Dealers
 4300 Manufacturers
 4450 Medical Facilities
 4500
 4999 Merchants

5000 Miscellaneous
 5500 Professional

6000 Professional/Administrative Offices
 6300 Rentals
 6500 Restaurants/Lounges
 6700 Schools/Teachers (not public)

7000
 7999 Services

8000 Vending/Coin Operated Machines
 8200 Utilities
 8700 Warehouses/Storage Facilities
 9000 Other (please specify)

PLEASE COMPLETE ALL BUSINESS ACTIVITY CLASSIFICATIONS FOR YOUR BUSINESS. (All information should be based on the previous calendar year end or opening day inventory, employees, etc.)

- A. **NUMBER OF EMPLOYEES** (Total number of employees receiving a W-2 or a 1099 Misc for \$3,600.00 or more. (Do not include those employees required to pay a fee as a professional) _____
- B. **RETAIL/WHOLESALE MERCHANTS** (Includes Rental, Lease, Consignment, etc.) Please enter the dollar amount of the inventory: \$ _____
- C. **RENTAL/LEASE LODGING FACILITIES** (Number of Units): _____
- D. **RESTAURANTS** – No. of Seats: _____ No. of Drive-Thru/Walk-Up Windows: _____
- E. **BANKING & LENDING INSTITUTIONS** – No. of Locations: _____ No. of ATM Machines: _____
- F. **SERVICE STATIONS** – No. of Nozzles or Dispensers: (Include Kerosene, Diesel, etc. Dispensers): _____
(Retail Merchant's License Required)
- G. **MACHINES** (Coin Operated/Vending/Service/Entertainment):
 - 1. # of Coin-Operated Amusement Machines: _____
 - 2. # of Coin-Operated Amusement Machines: _____
 - 3. # of Coin-Operated Service Machines: _____
- H. **NUMBER OF POOL, FOOTBALL, BOWLING, HOCKEY TABLES, ETC.:** _____
- I. **THEATERS** (Number of Seats): _____
- J. **NUMBER OF TRUCKS:** _____
- K. **UNITS – MANUFACTURING/STEAM CLEANING & DRY CLEANING:** _____
- L. **NUMBER OF BEDS:** _____
- M. **OTHER:** (Please Specify): _____

WHAT WAS THE PREVIOUS USE OF YOUR BUSINESS LOCATION? _____

WHEN WAS YOUR BUSINESS LOCATION LAST USED? _____

The above information is used for ZONING PURPOSES. The issuance of an OCCUPATIONAL LICENSE means you have paid the fee for your City Business License. It is your responsibility to verify that you are in compliance with all local and state requirements. Direct any zoning questions to (904) 956-6213.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF ANY PORTION IS FALSE OR MISREPRESENTED, SUCH FACT MAY CONSTITUTE A CRIMINAL VIOLATION OF THE CITY CODE, SECTION 22.

I FURTHER UNDERSTAND THAT THE ISSUANCE OF AN OCCUPATIONAL LICENSE IS A CERTIFICATE OF PAYMENT OF THE FEES LEVIED BY THE CITY FOR THE PRIVILEGE OF CARRYING ON OR ENGAGING IN A BUSINESS, PROFESSION, OR OCCUPATION UNDER THE CITY'S MUNICIPAL POWER.

AUTHORIZED SIGNATURE: _____ PRINTED NAME: _____

TITLE: (Corporate Seal is Required): _____ (SEAL)

DATE: _____

TELEPHONE NO.: _____

CONTACT NAME: _____