





Office of the City Manager  
110 E. Main Street  
Avon Park, Florida 33825

## OCCUPATIONAL LICENSE APPLICATION

### BUSINESS INFORMATION

Business Name: _____	Type of Business: _____
Address: _____	
Business Phone Number: _____	Opening Date: _____

### OWNER INFORMATION

Name: _____	Phone Number: _____	
Home Address: _____		
City: _____	State: _____	Zip: _____
DOB: _____	SS#: _____	Driver's License: _____

### PLEASE COMPLETE IF APPLICABLE:

Amusements/arcade operators/billiards or pool tables/bowling alley lanes:  
Number of each \_\_\_\_\_

Amusements and public performances for profit/Carnivals/Circuses:  
Number of days/weeks \_\_\_\_\_

Number of days Business will operate \_\_\_\_\_

Apartments/Hotel/Motel – Number of Rooms \_\_\_\_\_

Barbershop/ Beauty Salon – Number of Operators \_\_\_\_\_

Restaurant – Number of Seating \_\_\_\_\_

Retail Merchant – Estimated value of inventory \_\_\_\_\_

Vehicles for hire/taxi service – Number of vehicles \_\_\_\_\_

Vending Machines/cigarette/game – Number of machines \_\_\_\_\_

State License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

County License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Company Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please note it takes up to thirty days to process an application. You are required by law to obtain a Highlands County Occupational License.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Avon Park Fire Department Location Information

Fill out and deliver to Fire Department or Fax to 863-453-7853  
98 S. Delaney Ave., Avon Park, Fl 33825 PH. 863-453-6557

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (Day)** \_\_\_\_\_ **(Night)** \_\_\_\_\_

**Occupational License:** \_\_\_\_\_ **Current:** \_\_\_\_\_

**Business Owner Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact 1:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Property Owner/Manager:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Business hours:** \_\_\_\_\_ **Hours occupied:** \_\_\_\_\_

**Number of Employees/occupants Day:** \_\_\_\_\_ **Night** \_\_\_\_\_

## Fire Alarm Information:

**Fire Alarm Present:** (Yes) \_\_\_\_\_ (NO) \_\_\_\_\_ **Is System Monitored:** \_\_\_\_\_

**Fire Alarm Make/Model:** \_\_\_\_\_

**Fire Alarm Serviced By:** \_\_\_\_\_ **Ph.** \_\_\_\_\_

**After Hours Alarm System Contact:** \_\_\_\_\_

**Alarm Monitored By:** \_\_\_\_\_ **Ph.** \_\_\_\_\_

**After Hours Monitor Contact Number:** \_\_\_\_\_

**Alarm Reset code:** \_\_\_\_\_

**Sprinkler System present:** \_\_\_\_\_

**Sprinkler System Serviced By:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Knox Box Present:** \_\_\_\_\_ **Correct Keys in Box:** \_\_\_\_\_