

CITY OF AVON PARK
110 E. Main St., Avon Park, FL 33825

LOCAL BUSINESS TAX RECEIPT (OCCUPATIONAL LICENSE)
PRE-INSPECTION CHECKLIST

New Business obtaining a Business Tax Receipt will require the following, prior to the issuance of a Receipt. Each of these inspections requires a signature by the individual departments.

TODAYS DATE: _____ (Please fill in)

IS THIS A HOME BASED BUSINESS? YES NO (Required)

Items 1-6 For Departments Use Only:

1. Zoning Department, City Hall _____ Zoning Category: _____
110 E. Main Street, Avon Park, FL _____
33825 (863) 452-4429 _____ Date _____
2. Code Enforcement, City Hall _____
1535 SR 64 W, Avon Park, FL 33825 _____
(863) 453-3565 _____ Date _____
3. Fire Inspection, Fire Inspector _____
4. Police Department _____
1535 SR 64 W, Avon Park, FL _____
33825 (863) 453-6622 _____ Date _____
5. Utility Billing- Public Works _____ Utilities account# _____
110 E. Main Street, Avon Park, FL _____ Dumpster _____ Garbage Cart _____
33825 (863) 452-4433 _____ Backflow Preventor _____ Date: _____
6. Hotel & Restaurant, Department of Agriculture or HRS if applicable.

Please Fill Out

<u>FOR OFFICE USE ONLY:</u>
OL# _____
OL FEE _____
FF FEE _____
TR FEE _____
TOTAL: _____

Name of Business: _____
Type of Business: _____
Business Address: _____
Contact Name: _____ Phone: _____
E-mail: _____

<u>FOR OFFICE USE ONLY:</u> O.L. Business Listing comparable if City OL listing does not reflect exact Type of Business listed above: _____
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Office of the City Manager
110 E. Main Street
Avon Park, Florida 33825
863-452-4400

OCCUPATIONAL LICENSE APPLICATION

BUSINESS INFORMATION (Required)

Business Name: _____ Type of Business : _____

Location Address: _____

Mailing Adresss: _____

Business Phone Number: _____ Opening Date: _____

Contact Name _____ Phone#: _____

Federal ID# _____

OWNER INFORMATION (Required)

Name: _____ Phone#: _____ Home
Address : _____

City: _____ State: _____ Zip: _____

DOB : _____ SS#: _____ Drive r' s License: _____

PLEASE COMPLETE IF APPLICABLE:

- Amusements/arcade operators/billiards or pool tables/bow ling 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 Name: _____ Ins Co Policy# _____ Exp. Date: _____

Please note: It takes up to thirty days to process an application. You are required by law to obtain an occupational license if your business is within Avon Park City limits.

Applicant's Signature: _____ Date: _____

Information for Fire Inspection

(Please fill in as much as possible-You will be contacted by the Fire Inspector)

Business Name: _____

Location Address: _____

Phone: (Day) _____ (Night) _____

Business Owner Name: _____

Owner's Address: _____

Owner's Phone#: _____ Owner's Cell# _____

Emergency Contact 1: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone#: _____

Emergency Contact 2: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell Phone#: _____

Property Owner/Manager: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell 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: _____ Phone#: _____

After Hours Alarm System Contact: _____

Alarm Monitored By: _____ Phone#: _____

After Hours Monitor Contact Number: _____

Alarms Reset code: _____

Sprinkler System present: _____

Sprinkler System Serviced By: _____ Phone# _____

Knox Box Present: _____ Correct Keys in Box: _____

OFFICE USE ONLY: O.L.# _____ Expiration Date: _____