

OCCUPATIONAL BUSINESS LICENSE ROUTING SLIP

FOR: _____ **REC'D BY:** _____ **DATE:** _____
Business Address

The Occupational Business License Applicant must receive approval from Planning & Development Services (PDS) for zoning verification. The applicant must schedule an appointment with the Fire Chief at 983-5430 so that a life safety inspection can be provided for any change of use or new business prior to the issuance of a City of Milton Occupational Business License.

NEED TO SEE:

YES NO

1. **PLANNING & DEVELOPMENT DEPT.** **Date:** _____
(850) 983-5440
Reviewed by: _____
Comments: _____

SIGN PERMIT APPLICATION

ATTACHED **YES** **NO**

Comments: _____

CWDP PERMIT **YES** **NO**

Comments: _____

YES NO

2. **FIRE DEPARTMENT/LIFE SAFETY** **Date:** _____
(850) 983-5430
Reviewed by: _____
Comments: _____

YES NO

3. **SANTA ROSA COUNTY** (For Change of Occupancy/Use) **Date:** _____
(850) 981-7000
Reviewed by: _____
Comments: _____

YES NO

4. **FINANCE DEPARTMENT** **Date:** _____
(850) 983-5400
Reviewed by: _____
Comments: _____

The individuals identified above need to review and approve your application; if appropriate, at least five (5) working days prior to your scheduled opening.

FILE COPY/APPLICANT COPY

*Completed Copy to be Returned to PDS

CITY OF MILTON

Occupational Business License Application

Original Application
 Full Year
 Half-Year
 Ownership Transfer
 Location Transfer
 New Business
 Existing Business

Business Name _____

Owner(s) Name _____

Mailing Address: (Street or P. O. Box) **Suite, Apt.** **City** **State** **Zip**

Physical Location of Business _____ **Telephone # Business:** (_____) _____
 _____ **Home:** (_____) _____

Email Address _____

Opening Date of Business, or Date Business Assumed or Relocated _____ **Nature of Business** _____

Building 10,000 SF or less Building over 10,000 SF

Certification or State Board # _____ **Federal I.D. #** _____ **or Social Security#** _____

Life Safety Code Inspection completed by: _____ Approved **Date** _____
 _____ Denied **Date** _____

In compliance with backflow device (if applicable) _____ **Date** _____
 _____ **Backflow Technician's Signature**

If any of the following apply to your business activity, enter the number by the corresponding letter in the "Number" column on the right:

- | | |
|---|----------|
| A) Any and all other required county, state or federal license attached. | A) _____ |
| B) Theatres, number of screens | B) _____ |
| C) Arcades, number of each video machine, pinball machines, etc... | C) _____ |
| D) Gas Service Stations, number of nozzles | D) _____ |
| E) Apartments, Condominium units, Trailer spaces, number of rooms or pads | E) _____ |
| F) Recreational Facilities: Pool Tables (number of each) | F) _____ |
| G) Hair Salons and Barber Shops, number of chairs | G) _____ |

The building I desire to establish in is: New Building Existing Building

The building has previously been used as: Residential Commercial

Sign Allowed Yes No (Attach Sign Permit application)

Parking adequate and marked off: Yes No **Handicap accessibility to Bldg.** Yes No

Land Use Classification _____ **Approved by:** _____ **Date** _____
 _____ **Zoning Official**

I, the applicant, understand this occupational business license is not an approval for a certificate of occupancy. I or a representative will contact the Fire Chief at 983-5430 to schedule an appointment to provide a life safety inspection of the structure. I understand that this license will not legalize the operation of a business that is in violation of a zoning law. I hereby declare the preceding statements to be true and to the best of my knowledge.

Print Name _____ **Applicant's Signature** _____ **Date** _____

Code Classification _____	Issued and Approved By: _____	
License Amount _____	Date: _____	
Transfer Amount _____	Denied: _____	
Penalty Amount _____	Date: _____	
Total Due _____	Reason for Denial: _____	