

CITY OF MILTON
Occupational Business License Application

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

Business Name _____

Owner(s) Name _____

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

Physical Location of Business _____ Telephone # Business: (_____) _____
Contact # (_____) _____

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# _____

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, (<i>number of screens</i>) | B) _____ |
| C) Arcades, (<i>number of each video machine, pinball machines, etc.</i>) | C) _____ |
| D) Gas Service Stations, (<i>number of nozzles</i>) | D) _____ |
| E) Apartments, Condominium units, Trailer spaces, (<i>number of rooms or pads</i>) | E) _____ |
| F) Recreational Facilities: Pool Tables (<i>number of each</i>) | F) _____ |
| G) Hair Salons and Barber Shops, (<i>number of chairs</i>) | G) _____ |
| H) Contractors, Sub-Contractors (<i>number of employees</i>) | H) _____ |
| I) Storage Buildings, (<i>number of units</i>) | I) _____ |

The building I desire to establish in is: New Building Existing Building
The building has previously been used as: Residential Commercial
Parking adequate and marked off: Yes No Handicap accessibility to Bldg. Yes No
Land Use Classification _____ Approved by: _____
Zoning Official _____ Date _____

I, the applicant, understand this occupational business license is not an approval for a certificate of occupancy. I understand that this license will not legalize the operation of a business that is in violation of a zoning law. I must submit a sign permit application and receive approval prior to any signage being erected. 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:	_____