

Town of Fort White
P.O. Box 129 Fort White, FL 32038
(386) 497-2321 / (386) 497-4946 fax
townofftwhite@windstream.net

APPLICATION FOR

() BUSINESS OR () OCCUPATIONAL LICENSE

FOR FISCAL YEAR 2019
LICENSE NO. _____ RECPT NO. _____

Please remit **\$25.00** for occupational or business license to the TOWN OF FORT WHITE.
License valid from OCTOBER 1, 2018 to SEPTEMBER 30, 2019

NAME OF BUSINESS _____
PHYSICAL ADDRESS _____
CITY, STATE AND ZIP _____
MAILING ADDRESS _____
CITY, STATE AND ZIP _____

TYPE OF BUSINESS _____

If new application, please describe in detail plans and nature of business

The Town will issue the license only after determining the zoning for the physical location listed above meets the Land Use Development Regulations for the type of business stated in this application. The license will apply only to the parcel of land listed as the physical address on this application.

THIS APPLICATION SUBMITTED BY

Signature _____

NAME _____ TITLE _____

TELEPHONE _____ DATE OF APPLICATION _____

Any information provided on this application deemed to be inaccurate or less than truthful shall be just cause for revocation or suspension of the license.

THIS APPLICATION AND REMITTANCE SHALL BE DELIVERED OR MAILED TO THE TOWN OF FORT WHITE AT THE ABOVE ADDRESS.

THANK YOU,
JANICE REVELS
TOWN CLERK

Equal Opportunity Employer