

**CITY OF TITUSVILLE**  
**OCCUPATIONAL LICENSE WORK SHEET**

**A 25% PENALTY FEE WILL BE ADDED TO LICENSE IF FOUND TO BE OPERATING BEFORE ISSUANCE OF LICENSE**

**BUSINESS DATA**

<b>TYPE OF BUSINESS:</b>			
<b>NAME OF BUSINESS:</b>			
<b>ADDRESS OF BUSINESS:</b>			<b>SUITE/S:</b>
<b>BUSINESS PHONE:</b>	<b>HOME PHONE:</b>		<b>ZIP CODE:</b>
<b>EMERGENCY NAME:</b>		<b>EMERGENCY PHONE NO.:</b>	

**OWNER'S HOME INFORMATION**

<b>CORPORATION NAME (IF APPL.):</b>			
<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MI:</b>	<b>SR/JR:</b>
<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MI:</b>	<b>SR/JR:</b>
<b>ADDRESS:</b>			<b>SUITE:</b>
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>SSN:</b>	<b>OR</b>	<b>FEIN:</b>	<b>FL.SALES TX:</b>

**RENEWAL MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS**

<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>

**IF ADDRESS IS COMMERCIAL, PLEASE PROVIDE A CONTACT FOR THE FIRE INSPECTION & BACKFLOW PREVENTION DEVICE**

<b>NAME:</b>
<b>PHONE NUMBER:</b>

**TO BE FILLED OUT BY LICENSE DEPARTMENT ONLY**

**APPL. TAKEN BY:**    COUNTER                  FAX                  TELEPHONE                  DATE:

<b>NEW LICENSE NO.</b>	<b>OLD LICENSE NO.</b>
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**HOLDING LICENSE FOR**

1)			
2)			
3)			

**DESCRIPTION OF CHANGES TO LICENSE:**

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**SPECIAL CONTINGENCIES OR CONDITIONS:**

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**ZONING APPROVAL/DISAPPROVAL**

<b>LICENSE FEE: \$</b> _____
<b>PENALTY FEE:</b> _____
<b>TRANSFER FEE: \$</b> _____
<b>FIRE INSPECTION FEE:</b> _____
<b>TOTAL FEES:</b> _____
<b>DATE LICENSE ISSUED:</b> _____

<b>ZONED:</b> _____
<b>APPROVED:</b> <input type="checkbox"/>
<b>DISAPPROVED:</b> <input type="checkbox"/>
<b>ZONING DEPT. SIGNATURE:</b>
<b>DATE:</b>
<b>COMMENTS:</b>

\_\_\_\_\_  
SIGNATURE-OWNER/AGENT

\_\_\_\_\_  
SIGNATURE-LICENSING OFFICER