



CITY OF HAWTHORNE, FLORIDA

APPLICATION FOR CITY OCCUPATIONAL LICENSE

PART I - AFFIDAVIT (TO BE COMPLETED BY APPLICANT)

APPLICATION IS HEREBY MADE FOR A CITY OCCUPATIONAL LICENSE FOR THE PRIVILEGE OF ENGAGING IN THE BUSINESS, PROFESSION OR OCCUPATION HEREINAFTER DESCRIBED:

NAME _____

PARCEL NUMBER _____

ADDRESS OF BUSINESS _____
(MAILING ADDRESS)

(PHYSICAL ADDRESS)

NATURE OF BUSINESS _____

DATE OF BUSINESS
COMMENCEMENT _____

NUMBER OF COIN OPERATED MACHINES (STATE TYPE, VENDING PRICE, NUMBER AND LOCATION) OF EACH: _____

NUMBER OF WORKERS EMPLOYED INCLUDING OWNER: _____

NUMBER OF VEHICLES OPERATED: _____

NUMBER OF LICENSED AGENTS (IF APPLICABLE): _____

* I UNDERSTAND THAT I AM PAYING AN OCCUPATIONAL TAX ONLY AND THAT THE LOCATION OF MY OCCUPATION MUST CONFORM TO ALL CITY, COUNTY, STATE AND FEDERAL REQUIREMENTS BEFORE I CAN LEGALLY OPERATE A BUSINESS, PROFESSION OR OCCUPATION WITHIN THE CORPORATE LIMITS OF HAWTHORNE, FLORIDA.

APPLICANT (SIGNATURE) _____ Date _____

TITLE _____

PHONE NUMBER _____

PART II – OCCUPATIONAL TAX CATEGORY AND FEE – (TO BE COMPLETED BY CITY)

TAX CODE _____

CATEGORY _____

LAND USE AND ZONING REVIEW:

Reviewed By: _____ Date _____

Print name here