



CITY OF MARIANNA
OCCUPATIONAL LICENSE/ INTINERANT MERCHANT & SOLICITATION PERMIT

OCCUPATIONAL LICENSE

[] ITINERANT MERCHANT PERMIT

SOLICITATION PERMIT

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR OCCUPATIONAL LICENSE.

NAME OF BUSINESS _____ PHYSICAL ADDRESS _____
MAILING ADDRESS _____
PHONE NUMBER _____ OWNER'S NAME _____
TYPE OF BUSINESS ACTIVITY _____
FLORIDA SALES TAX & USE TAX CERTIFICATE NUMBER _____

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR INTINERNAT MERCHANT AND SOLICITATION PERMITS.

NAME OF APPLICANT _____ RESIDENTIAL PHONE NUMBER _____
PERMANENT RESIDENTIAL ADDRESS OF APPLICANT _____
NAME OF BUSINESS _____
NAME OF APPLICANT'S EMPLOYER _____
BUSINESS PHONE NUMBER _____
TYPE OF BUSINESS ACTIVITY _____
APPLICANT'S DATE OF BIRTH _____ RACE: _____ SEX: M F HEIGHT: _____ WEIGHT: _____
EYE COLOR _____ HAIR COLOR _____ COMPLEXION _____
DRIVER'S LICENSE NUMBER _____
FLORIDA SALES TAX & USE TAX CERTIFICATE NUMBER _____
HAVE YOU EVER BEEN CONVICTED OF OR PLEADED GUILTY OR NOLO CONTENDERE TO ANY CRIME? _____
IF YES, WHAT WAS THE NATURE OF THE OFFENSE AND PUNISHMENT/PENALTY ASSESSED? _____

ZONING: _____ HOME OFFICE OF CONVENIENCE _____ HOME OCCUPATION _____
COMMENTS: _____

ZONING OFFICIAL APPROVAL: _____ DATE: _____
FIRE OFFICIAL APPROVAL: _____ DATE: _____
WATER DEPT. APPROVAL: _____ DATE: _____
WASTEWATER DEPT. APPROVAL: _____ DATE: _____
GAS DEPT. APPROVAL: _____ DATE: _____
POLICE DEPT. APPROVAL: _____ DATE: _____
FL DEPT. OF REVENUE: _____ DATE: _____

[] TAX NUMBER VERIFIED NO TAX NUMBER REQUIRED

CITY MANAGER APPROVAL: _____ DATE: _____
CITY CLERK APPROVAL: _____ DATE: _____

LICENSE/PERMIT NUMBER: _____ DATE: _____ FEES: \$ _____
EXPIRATION DATE: _____