

#### City Clerk's Office (352) 330-1330 ext 103

### **BUSINESS REGISTRATION DISCLOSURE**

#### **TO ALL BUSINESS REGISTRATION APPLICANTS:**

Application for, or receipt of, a Business Registration does not exempt you from obtaining permits as required by the City Code of Ordinances.

You may apply for a Business Registration, but a registration <u>will not be issued</u> until the Development Services Department has approved any zoning requests and the Sumter County Building Inspector and Fire Inspector have confirmed inspections of the building and property.

Sumter County will provide a copy of the permit number to the Development Services Department after the inspection and the Development Services Department shall then give approval to the City Clerk's Office for issuance of the Business Registration.

You should contact the Sumter County Building Department and the Sumter County Fire Department <u>before</u> making any alterations to the building.

This information should be forwarded to the owner of the building or property, if you, the Business Registration Applicant, are not the owner.

Your signature below indicates that you have received, read, and understand this disclosure.

Please circle one:	Owner	Lessee (copy of lease re	equired)	
	Registration App	 Date		
Witness:Signature		 Date	_	

# CITY OF WILDWOOD APPLICATION FOR BUSINESS REGISTRATION

This application must be completed and submitted to the City Clerk's Office. The processing of this Business Registration takes a minimum of 10 working days.

BUSINESS: NEW  RENEW	AL TRANS	SFER: OWNER	☐ LOCATIO	ON NAME	CHANGE	
City of Wildwood Business Regi year, OCTOBER 1, 20 thro						
Application is hereby made for a occupation herein described.	Business Registrati	on for the privil	ege of engagin	g in the business,	profession, or	
Business Information:						
Name:		d/l	o/a			
Location Address:			p.	hone:		
Location Address:	Street	City, State, Z	Zip			
Mailing Address:						
(if different)	Street		City	State	Zip	
Business Owner Information:						
Name:		Phone:				
Mailing Address:						
Mailing Address:	Street		City	State	Zip	
State License or Certification Nu	umber (if applicable)	)				
State Sales Tax Number		Federal ID/SSN				
		(At	tach copy to ap	oplication)		
Business Function:						
Official City Use Only						
Classification:						
City Business Registration Num	ber:					
STATE OF FLORIDA	Dy gianina	this application	the applicant of	gross that all info	rmation is true	
STATE OF FLORIDA  CITY OF WILDWOOD  By signing this application, the applicant agrees that all information and correct and is in compliance with all City, State, and Federal misrepresentation may result in the revocation of the city licen						
City Clerk	misrepreser accounts.	ntation may resu	it in the revoca	tion of the city li	cense and/or	
-		This	day of		, 20	
		Autl	horized Applicant Si	gnature		



## **BUSINESS CHECK / NOTIFICATION DATA ENTRY**

Business Name:				Date:			
Owner/l	Manager:						
Physica	l Address:						
J	_	Stre			City	State	Zip
Mailing	Mailing Address:						
(if dif	(if different) Street			City	State	Zip	
Phone N	No. 1:			Phone	No. 2:		_
Normal	Business Ho	ours (Hours o	f Operation)	<u>):</u>			
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							
				•			
Emerge	ncy Contact	Information:					
D.:	_				II Dl		
Primary:			Home Phone: Cell Phone:				
C 1							
Secondary:				Home Phone:			
Addition	nal·				Home/Cell I		
Addition					Tiome/Cen i	11011C	
Alarm (	Company:				_ Phon	ne:	
<u>Official</u>	City Use On	ıl <u>y</u>					
New Bu	ısiness:	Yes	_ No]	Previous Busii	ness Name: _		
Receive	ed By:		Entered	By:		Date:	

# BUSINESS REGISTRATION DEPARTMENTAL APPROVAL FORM

Business Name:				
Physical Address	s:			
	Street	City	State	Zip
Owned:	Leased:(Attacl	h copy of lease)		
What type of ser Have services be	previous account at this locations wice? Water Yes	Sewer Refuse	No	
	vice: nature:		Date:	
	es:  pancy inspection required?	Yes (\$65.00 fee)		No
	Fire Prevention Bureau: pancy inspection required?	Yes (\$50.00 fee)		No
If yes, is a Fire S	Safety inspection required?	Yes No	0	
Zoning Classific Is location prope	ervices – Design Standards: Eation: Eation type of busines	ss? Yes	No	
Approved:	YesNo	Pending Conta	ct Code Enfo	orcement
Director's Signa	ture:	Date	e:	
Approved:	ice:  n complete? Yes  Yes No  pproval or Pending Status:	_ Pending		
Signature:		Date	e:	