

City Of Wildwood, Florida

City Clerk's Office 1-352-330-1330 ext 102

BUSINESS REGISTRATION DISCLOSURE

TO ALL BUSINESS REGISTRATION APPLICANTS:

Application for, or receipt of 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 will not be issued until the Development Services Department has approved zoning and Sumter County Building and Fire Inspector has inspected 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 Department for issuance of the Business Registration.

You should contact the **Sumter County Fire & Rescue and Sumter County Building Department BEFORE 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.

CIRCLE ONE: OWNER LESSEE (copy of lease)

-s- _____
License Applicant Signature Date

WITNESS: _____
Signature Date

CITY OF WILDWOOD
APPLICATION FOR BUSINESS REGISTRATION

This application must be completed and submitted to the City Clerk's Office
Processing of the Business Registration may take to 10 working days.

NEW [] RENEWAL [] TRANSFER: OWNER [] LOCATION []

City of Wildwood Business Registration, covering the business, profession, or occupation hereinafter
described for the year, OCTOBER 1, 20____ through SEPTEMBER 30, 20____. Renewal is due on or
before October 1, 20____.

Application is hereby made for an Business Registration for the privilege of engaging in the business,
profession, or occupation herein described.

BUSINESS INFORMATION:

BUSINESS OWNER INFORMATION:

NAME: _____

NAME: _____

MAILING ADDRESS: _____

ADDRESS: _____

LOCATION ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

STATE LICENSE OR CERTIFICATION NUMBER _____ (IF APPLICABLE)

STATE SALES TAX NUMBER _____ (ATTACH COPY TO APPLICATION)
FEDERAL ID/SSN _____

BUSINESS FUNCTION: _____

ADDITIONAL IF APPLICABLE:

OF VENDING MACHINES _____

OF AMUSEMENT DEVICES _____

OF SOLICITORS (INSURANCE) _____

SOLICITORS NAMES: _____

OF PUMPS (GASOLINE/DIESEL) _____

Office Use Only
CLASSIFICATION: _____
CITY BUSINESS REGISTRATION NUMBER _____

STATE OF FLORIDA
CITY OF WILDWOOD

DUE ON OR BEFORE OCTOBER 1st.

City Clerk

By signing this application, applicant states that all information is true
and correct and is in compliance with all City, State and Federal laws.
Any misrepresentation may result in the revocation of city license and/or
accounts.

This _____ day of _____, 20____

Authorized Applicant Signature



BUSINESS CHECK / NOTIFICATION DATA ENTRY

Business Name: _____ Today's Date: _____

Owner/Manager: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
(If different)

Phone No. 1: _____ Phone No. 2: _____

Normal Business Hours (Hours of Operation)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From: _____	_____	_____	_____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION:

Primary: _____ Hm. Phone: _____
Cell Phone: _____

Secondary: _____ Hm. Phone: _____
Cell Phone: _____

Additional: _____ Hm. / Cell Phone: _____

Alarm Company: _____ Phone: _____

Official Agency Use Only

Window Decal No: WW _____ Zone: _____ Sub Zone: _____

New Business _____ YES _____ NO Previous Business Name: _____

CTS _____ CAD _____ ECI _____ Entered By: _____ Date: _____

**BUSINESS REGISTRATION
DEPARTMENTAL APPROVAL FORM**

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

Owner: _____ Leased : _____ (Attach copy of lease)

UTILITY ACCOUNT

Has there been a previous account at this location? YES NO

What type of service? Water () Sewer () Refuse ()

Has services been applied for? _____

Comments: _____

Last Date of Service: _____ Previous Business Type: _____

Utility Tech Signature: _____ Date: _____

Building Services:

Change of Occupancy inspection required? Yes _____ No _____

Permit Number: _____

Fire Prevention Bureau

Change of Occupancy inspection required? Yes _____ No _____

If yes is a Fire Safety Inspection required? Yes _____ No _____

DEVELOPMENT SERVICES-DESIGN STANDARDS

Zoning Classification: _____ YES NO

Is location properly zoned for type of business? _____

Comments: _____

Approved: Yes () No () Pending () Contact Code Enforcement ()

Director's Signature: _____ Date: _____

CITY CLERKS OFFICE:

Is Application for complete? Yes _____ No _____

Approved: Yes () No () Pending () Signature: _____ Date: _____

Reason for Disapproval or Pending Status: _____

Business Name: _____

Physical Address: _____

Owner: ____ Leased: ____ (Copy of Lease Required)

Additional Information Needed for Business Registration:

Drivers License Number/State (Owner) _____

Copy of each State License, Document Name and Number required to do business in the State of Florida:

Copy of each Certification, Document Name and Number required to do business in the State of Florida:

Date Business Began: _____

Number of Employees, Employed at business located in Wildwood FL: _____

E-Mail Address: _____

Thank you

If you have any questions re: Business Registration with the City of Wildwood,

Please Call 352-330-1330

Initial Application: Susan Patterson, ext 100

After Application Submitted: Theresa Milsap, ext. 118

Mail original application to:

CITY OF WILDWOOD

Attn: Business Registration

100 N Main Street

WILDWOOD FL 34785