

City of Neptune Beach
Application for Occupational License

Application Date _____

Business Name _____

Business Owner _____

Business Address _____

Business Phone _____

Business Description/Type _____

Floor Sq. Ft (Commercial Properties Only) _____

Business Form (circle one):

Sole Proprietor, Partnership, S Corp, C Corp, Joint Venture, Limited liability Corporation

Alterations to the site (including signs) _____

State how many: Vending/Game Machines/Billiard/Pool Tables _____

Federal ID No. _____ Social Security No. _____

Sales Tax No. _____ Driver's License No. _____

State License No. _____ Date of Birth _____

Owner's Home Address _____

Home Phone _____

Will business be operated at home? _____

I, _____ (print name), being authorized to sign for the business named above hereby make application for the privilege of engaging in business with the City of Neptune Beach. I further understand that should the business be found guilty of violation of any law, statute or city ordinance that the occupational license may be revoked. I acknowledge that all information supplied on this application shall become a public record.

Applicant's signature _____

**A DUVAL COUNTY OCCUPATIONAL LICENSE MUST BE OBTAINED WITHIN
72 HOURS OF RECEIPT OF A NEPTUNE BEACH OCCUPATIONAL LICENSE!**