

**CITY OF PORT ST. JOE  
APPLICATION AND VERIFICATION  
OF ZONING FOR BUSINESS TAX**

DATE \_\_\_\_\_

OWNER/MANAGERS NAME: \_\_\_\_\_

OWNER/MANAGERS MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

**EIN/FID# Must be provided** \_\_\_\_\_

AMOUNT OF INVENTORY IF MERCHANT: \$ \_\_\_\_\_

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**THE FOLLOWING WILL BE COMPLETED BY ZONING DEPARTMENT:**

The above address (is) \_\_\_\_\_ (is not) \_\_\_\_\_ zoned for operation of the type of business described herein and (will) \_\_\_\_\_ (will not) \_\_\_\_\_ permit operation at that location.

Special conditions that may apply: \_\_\_\_\_

\_\_\_\_\_ Does Ordinance No. 234 apply

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date

If this application is approved the requested business license may be issued on or after ten (10) working days from date of application.

**Utilities Approved**

**Code Enforcement Approved**