



114 N. 22nd Street · P.O. Box 13425 · Mexico Beach, Florida · 32410

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APPLICATION FOR OCCUPATIONAL LICENSE

NAME OF BUSINESS: _____

NAME OF OWNER: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS OF BUSINESS: _____

CONTACT NAME: _____

CONTACT NUMBER: _____

CONTACT E-MAIL: _____

BUSINESS WEB ADDRESS: _____

TYPE OF BUSINESS: _____

SIGNATURE OF PERSON
APPLYING FOR LICENSE: _____