

**CITY OF PORT ST. JOE, FLORIDA**  
**APPLICATION FOR LOCAL BUSINESS LICENSE**

Welcome to the City of Port S. Joe. If you require assistance completing this application, please call (850)-229-8261, ext 309, or visit City Hall located at 305 Cecil G. Costin, Sr. Blvd. You can mail the completed application to P.O. Box 278, Port St. Joe, FL 32457, email it to [bl@psj.fl.gov](mailto:bl@psj.fl.gov) or drop it off at the front desk of City Hall.

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**ABOUT YOUR BUSINESS:**

1) Legal Business Name: \_\_\_\_\_

DBA (Fictitious Name): \_\_\_\_\_

**\*\*Registration required by Florida Statute 865.09, include a copy of your Articles of Incorporation or Current Annual Report\*\***

2) **Required by State Law:** Federal Employer Identification Number: \_\_\_\_\_

3) State License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*Include a copy of your license from the DBPR, Florida Statute 205.194\*\***

4) Business Location in Port St. Joe: \_\_\_\_\_

5) Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6) Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

7) Owner or Local Officer: (Note: Partnerships/Corporations – Please list only one owner or local office below)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

8) Describe in detail the products being sold/services/operations/profession being requested: \_\_\_\_\_

9) Amount of Inventory if Merchant: \_\_\_\_\_

10) Do you own/rent the property where the business is located? \_\_\_\_ Own \_\_\_\_ Rent (If rent, provide a copy of lease)

11) Will you be adding or changing signs on the outside of the property? \_\_\_\_ Yes \_\_\_\_ No

***\*If yes, a permit is required from Code Enforcement***

12) The Business described above \_\_\_\_\_ **WILL** \_\_\_\_\_ **WILL NOT** be operated as an Adult Use(s). Ordinance No. 283 strictly prohibits Adult Entertainment in all districts except Industrial areas.

**PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:**

**I affirm, that all information that I have provided is true and correct. I further acknowledge that filing this application for a city license does NOT allow applicant to operate or engage in any type of business until the city issues a Business License. Zoning approval of this application is required prior to issuance of the Business License. Any person, firm, or corporation who engages in any occupation, business or profession without a Business License may be punished in accordance with [Sec. 24 of City Ordinance No. 1](#). Utility Services shall NOT be connected until application is approved by Zoning.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_