

13. Number of Employees: _____

14. If Applicable, Fill in Quantity:

Business Type		Quantity
Merchant	Inventory Value	
Law Firm	Attorneys	
Beauty Parlor	Chairs	
Gasoline Filling Station	Pumps	
Hotel	Rooms	
Insurance Company	Agents	

Business Type		Quantity
Restaurant	Seats	
Apartments	Dwellings	
Manufacturing	Employees	
Parking Lot	Square Feet	
Vending Machine	# of Machines	
Barber Shop	Chairs	

D. PROPERTY OWNER INFORMATION

1. Name: _____
2. Address: _____
3. Phone: _____ Fax: _____ Email: _____

E. ATTACHMENTS

1. Letter of Authorization from the Property Owner or copy of signed lease.
2. Copy of applicant's Driver's License.
3. Copy of Fictitious Name Certification or other business articles from State of Florida Division of Corporations.
4. Copy of all applicable state licenses, certificates or registrations.
5. General Contractors must provide current Liability Insurance and Workers Compensation or Exemption from Workers Compensation.
6. Completed LDR Compliance Application.
7. Completed After Hours Emergency Contacts Form.
8. Check Payable to the City of Alachua for Certificate of LDR Compliance review (contact City Staff for amount).

All attachments are required for a complete submittal. If the submittal is determined to be incomplete, the registration form and fee will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge. I/We understand that if any portion is false or misrepresented, it may be cause for immediate revocation of the receipt.

Signature of Applicant

Signature of Co-applicant

Typed or printed name and title of applicant

Typed or printed name of co-applicant

State of _____ County of _____ The foregoing application is acknowledged before me
this _____ day of _____, 20____, by _____, who is/are personally known to me,
or who has/have produced _____ as identification.

NOTARY SEAL

Signature of Notary Public, State of _____

<p>Office Use Only:</p> <p>Review Date: _____</p> <p>Attachment Numbers Required: _____</p> <p>Attachment Numbers Not Required and Reason Not Required: _____</p> <p>Signature: _____</p>
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City of Alachua Emergency Contacts for After Hours

This information will be provided to Alachua Police Department in case of a burglary, fire, etc.

1. Business or Company Name: _____
2. Business or Company Phone: _____
3. Business or Company Physical Address: _____
4. Business or Company Fax #: _____
5. Website: _____
6. Contact Person #1: _____
Relationship to Business/Title: _____
Phone: Home: _____ Cell: _____
7. Contact Person #2: _____
Relationship to Business/Title: _____
Phone: Home: _____ Cell: _____
8. Contact Person #3: _____
Relationship to Business/Title: _____
Phone: Home: _____ Cell: _____