

4. Business Mailing Address: _____

5. Business Phone: (_____) _____ Email: _____
6. Local Contact Person: _____
7. Local Contact Address: _____

8. Local Contact Phone:(_____) _____ Email: _____
9. FEI# or SSN: _____
- NOTE:** Social Security numbers are solely for compliance with Florida Statute 205.0535: “A (Local Business Tax) receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed.”
10. FL Sales Tax #: _____
11. Existing/Previous Use of Property: _____
12. Proposed Use of Property: _____
13. Number of Striped Parking Spaces on Site: _____
14. Square Footage of Building Occupied by Business: _____
15. Number of Employees: _____
16. If your business is one of the following business types please provide the applicable information:

Business Type		Quantity
Retail/Merchant	Inventory Value	
Law Firm	Attorneys	
Beauty Parlor/Salon	Chairs	
Gasoline 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. Mailing Address: _____
3. Phone: (_____) _____ Email: _____

E. ATTACHMENTS

1. Authorization from the Property Owner to occupy space (letter or copy of signed lease).
2. Copy of Fictitious Name Certification or other business articles from State of Florida Division of Corporations.
3. Copy of any applicable state licenses, certificates or registrations.
4. If a General Contractor - current Liability Insurance and Workers Compensation or Exemption from Workers Compensation.
5. Completed After Hours Business Emergency Contacts Form.
6. Certificate of LDR Compliance review fee - payable by check, cash, or debit/credit card (processing fee applies).

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:

1. Prior to receiving a certificate of occupancy I/We must comply with the current Florida Building Code and must obtain any necessary permits.
2. I/We must comply with the requirements of the Alachua County Fire Marshall.
3. I/We must meet parking standards and any use specific standards for the zoning district.
4. Falsifying information on this Application for Certificate of LDR Compliance & LBTR may result in the Certificate of LDR Compliance and/or LBTR being revoked.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge.

Signature of Applicant

Signature of Co-applicant

Typed or printed name of applicant

Typed or printed name of co-applicant

Applicant's Title (if applicable)

Co-applicant's Title (if applicable)

STATE OF _____

COUNTY OF _____

This affidavit is acknowledged before me by means or ___ physical appearance or ___ online notarization on this ___ day of _____, 20___ by _____ who is/are personally known to me, or ___ who has/have produced _____ as identification.

Signature of Notary Public

(Seal)

Office Use Only:			
Review Date: _____			
LBTR Attachment Numbers Required: _____			
LBTR Attachment Numbers Not Required and Reason Not Required: _____			
FLUM: _____			
Zoning District: _____			
Tax Parcel Number: _____			
Use Type: _____			
Parking Standard for Use Type: _____			
Number of Parking Spaces Required: _____			
Number of Parking Spaces Provided: _____			
Use Specific Standards Applicable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, LDR Section Number: _____
Accessory Use Standards Applicable:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, LDR Section Number: _____
Home Occupation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, has "Home Occupation Addendum" to been submitted?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Alcoholic Beverage License Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Change of Use Permit Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments/Conditions of Approval: _____			

Sign and fill in the box located at the top right corner of page one (1).



After Hours Business Emergency Contacts

This information will be provided to Alachua Police Department in case of there is a need to contact a business after its normal business hours.

1. Business or Company Name: _____
2. Business or Company Phone: _____
3. Business or Company Physical Address: _____
4. Business or Company Email: _____
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: _____