

Occupational License Application

City of Bowling Green, City Hall
P.O. Box 608, Bowling Green, FL 33834 Phone: (863) 375-2255 Fax: (863) 375-3362

Business Information:

Name of Business: _____
Location of Business: _____
Nature of Business: _____
Mailing Address: _____ Phone: _____
_____ Fax: _____

Owner's Information:

Name of Owner: _____
Address: _____
Email: _____

Authorized Employees

Name: _____ Title: _____
Phone: _____ Email: _____
Name: _____ Title: _____
Phone: _____ Email: _____

Licensing Information:

State License Number: _____ Sales Tax Number: _____
County Tax Receipt Number: _____

Additional information regarding the business may be required.

Office Use Only

Inspection Required? **Y / N** Occupational License No: _____
Building Dept. _____ Fee: \$ _____ cash or ck (# _____)
BG Police _____ Comments: _____
HC Fire Dept. _____
Health Dept. _____ Approved by: _____ Date: _____
Does this business have a location within the City Limits? **Y / N** Zone: _____

PLEASE INCLUDE COPIES OF YOUR STATE LICENSE, LIABILITY INSURANCE AND PHOTO ID OF ALL AUTHORIZED EMPLOYEES