



2659 Front Street • P.O. Box 398 • Cottondale, FL 32431
 (850) 352-4361 • Fax (850) 352-2033

APPLICATION FOR OCCUPATIONAL LICENSE – RENTAL PROPERTY

Property Owner Name: _____

Mailing Address: _____

Telephone – Business: _____ Home/Cell _____

Federal I.D. # _____ or Social Security # _____

Florida Sales Tax Registration # (If Applicable) _____

List physical street address of ALL rental dwellings and rental businesses.

# of Units	Physical Street Address	# of Units	Physical Street Address
TOTAL UNITS			TIMES TAX (\$10 PER UNIT) = TOTAL AMOUNT DUE

By signing below, I do hereby declare the preceding statements to be true to the best of my knowledge.

Print Name
Signature
Date

DO NOT WRITE IN THIS BLOCK – TAX COLLECTOR USE ONLY		
LICENSE # _____	LICENSE AMOUNT \$ _____	TRANSFER OWNERSHIP _____
ISSUED BY _____	PENALTY \$ _____	FULL YEAR _____
DATE _____	TOTAL DUE \$ _____	HALF YEAR _____
	CASH _____ CHECK # _____	NEW BUSINESS _____