



City of Belle Isle
 1600 Nela Avenue, Belle Isle, FL 32809
 Tel 407-851-7730 * Fax 407-240-2222 * www.cityofbelleislefl.org

Occupational License Application

Application period from _____ to _____ Lic# _____

Application Date _____ Classification _____ Fee _____

Check all that apply:

- | | | | |
|--------------|--|---|---|
| Transfer of: | <input type="checkbox"/> Location
<input type="checkbox"/> New Commercial | <input type="checkbox"/> Ownership
<input type="checkbox"/> New Occupation | Transferred from: _____
<input type="checkbox"/> Update |
| | | | <input type="checkbox"/> Add Classification
<input type="checkbox"/> Change Classification |

Check and Attach copies of all items that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Fictitious Name Registration
<input type="checkbox"/> Licensed Professional (DBPR) | <input type="checkbox"/> Articles of Incorporation
<input type="checkbox"/> Copy of Lease (Commercial Only) | <input type="checkbox"/> State License(s)
<input type="checkbox"/> Property owner's written permission |
|--|--|---|

Business Name	Business Address	City, State, Zip
Business Mailing Address	Open Date	Phone
Emergency Contact Name	Emergency Phone	Email Address
Business Owner Name	Owner Contact Number (Cell)	Other
Describe the nature of the business		

- | | |
|---|--|
| Hours of operation: _____ am/pm to _____ am/pm
<input type="checkbox"/> Restaurant seating capacity _____
<input type="checkbox"/> Beauty/Nail/Barber # of stations _____
<input type="checkbox"/> Merchant/Manufacturer # of employees _____
<input type="checkbox"/> Hospital/Nursing # of rooms _____
<input type="checkbox"/> Mobile Home Park/Campground spaces _____
<input type="checkbox"/> # of Arcade games _____
<input type="checkbox"/> Transportation/Trucking/Freight Terminals max # of vehicles _____
Will Alcohol be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any applicant ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which jurisdiction? _____ | Days open: _____
<input type="checkbox"/> Day Care/Nursery capacity _____
<input type="checkbox"/> Health Spa/Gym/Club square footage _____
<input type="checkbox"/> Nursery # of trees/plants _____
<input type="checkbox"/> Hotel # of rooms _____
<input type="checkbox"/> # of coin-operated Machines _____
<input type="checkbox"/> Other _____ |
|---|--|

LIST OF OFFICERS:

Name _____	Title: _____
Name _____	Title: _____

CERTIFICATION:

I certify that the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any license issued to me. It is further understood that this license is for the privilege of engaging in the business profession or occupation shown and **ONLY** at the location shown hereon and that I will comply with the Code of the City of Belle Isle. Failure to correct conditions on the premises that are in violation of the City Code or to notify the Occupational License Office of any change **WILL** result in revocation of said license. It is further understood that it may take 2 to 3 weeks or more for the City of Belle Isle to process this application. I understand that my business is not to be opened until I have the expressed approval of the City of Belle Isle. Said approval shall **ONLY** be by 1) Issuance of an Official Occupational License **AND** 2) by having paid the required Occupational License tax. I understand that opening without approval and having not paid my Occupational License tax **WILL** result in an additional 25% penalty as required in Ordinance 04-02.

PLEASE ATTACH ANY ADDITIONAL INFORMATION

Occupational License Application-continued

**Please note that all businesses operating within the City of Belle Isle must obtain an occupational license BEFORE opening.
If you open before your license is issued, you will be charged a penalty of 25% of the license amount.**

Name of Business		
Phone Number	Fax Number	Cell Number
Property Address		
List all locations you will operate from		
If in Shopping Center List Name	EMAIL Address	
As specifically as possible, describe the nature of your business		
How many employees will you have?	What are hours of operation	
How many customers do you anticipate visiting your location each day?	How many vehicles will be on site during the day?	
Will you be selling, displaying or storing goods or merchandise on property?	When does your lease expire?	

Applicant Signature _____ Date _____

Print Name and Title _____

The City of Belle Isle's Code of Ordinance can be found on our website at www.cityofbelleislefl.org or on municode.com.
Access to the internet can be obtained at any branch of the Orange County Library.

ZONING DEPARTMENT

I have reviewed this business application and found that it (___) meets or (___) does not meet applicable zoning codes at this time.

Zoning _____

Date _____

Permit # _____

Occupational License Application-continued

Occupational License Requirements

1. Occupational License year is from October 1 through September 30. License fees are prorated after April 1 for a half-year fee.
2. Businesses must be located in the proper Zoning District.
3. All businesses must be approved by the Zoning Department **BEFORE** the Occupational License is issued.
4. Businesses, which require a State License or Health Department approval, will have to provide copies of those approvals prior to the issuance of a license.
5. If a Business is incorporated, a copy of the letter from the State of Florida or the Articles of Incorporation must be provided. If a Business is NOT incorporated and uses any other name than their given first and last name, they must file a Fictitious Name Notice with the State of Florida. A copy of the current fictitious name registration, issued by the Division of Corporations of the Department of State, will have to be provided **PRIOR** to the issuance of a license.
6. Federal ID or Social Security numbers must be provided, as well as, some form of identification of the owner(s), such as a Drivers License.
7. Home Occupations are allowed under certain guidelines, which are described on the attached copy.
8. An Orange County Occupational License will have to be obtained **AFTER YOU HAVE BEEN ISSUED THE BELLE ISLE LICENSE**. They are located at 201 S. Rosalind Avenue, Orlando, FL and can be reached at 407-836-5650.