OCCUPATIONAL BUSINESS LICENSE
ROUTING SLIP

FOR: ____________________________ REC'D BY: ____________________________ DATE: ________

Business Address

The Occupational Business License Applicant must receive approval from Planning & Development Services (PDS) for zoning verification. The applicant must schedule an appointment with the Fire Chief at 983-5430 so that a life safety inspection can be provided for any change of use or new business prior to the issuance of a City of Milton Occupational Business License.

NEED TO SEE:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>PLANNING &amp; DEVELOPMENT DEPT.</th>
<th>Date: ________________</th>
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<td></td>
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<td>(850) 983-5440</td>
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<td>Comments:</td>
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SIGN PERMIT APPLICATION

ATTACHED

Comments: ____________________________________________________________

(Checked) YES  (Not Checked) NO

CWDP PERMIT

Comments: ____________________________________________________________

(Not Checked) YES  (Checked) NO

1. FIRE DEPARTMENT/LIFE SAFETY | Date: ________________ |

(850) 983-5430

Reviewed by: ____________________________

Comments: ____________________________

2. SANTA ROSA COUNTY (For Change of Occupancy/Use) | Date: ________________ |

(850) 981-7000

Reviewed by: ____________________________

Comments: ____________________________

3. FINANCE DEPARTMENT | Date: ________________ |

(850) 983-5400

Reviewed by: ____________________________

Comments: ____________________________

The individuals identified above need to review and approve your application; if appropriate, at least five (5) working days prior to your scheduled opening.

FILE COPY/APPLICANT COPY *Completed Copy to be Returned to PDS
CITY OF MILTON
Occupational Business License Application

Original Application □ Full Year □ Half-Year □ Ownership Transfer □ Location Transfer
□ New Business □ Existing Business

Business Name

Owner(s) Name

Mailing Address: (Street or P. O. Box ) Suite, Apt. City State Zip

Telephone # Business: ( )

Physical Location of Business

Home: ( )

Email Address

Opening Date of Business, or Date Business Assumed or Relocated ________________ Nature of Business ________________

□ Building 10,000 SF or less □ Building over 10,000 SF

Certification or State Board # ___________ Federal I.D. # ___________ or Social Security# ___________

Life Safety Code Inspection completed by: ____________________________ □ Approved Date ____________

□ Denied Date ____________

In compliance with backflow device (if applicable) ____________________________ Date ____________

Backflow Technician’s Signature ____________

If any of the following apply to your business activity, enter the number by the corresponding letter in the “Number” column on the right:

A) Any and all other required county, state or federal license attached. A) ____________
B) Theatres, number of screens B) ____________
C) Arcades, number of each video machine, pinball machines, etc… C) ____________
D) Gas Service Stations, number of nozzles D) ____________
E) Apartments, Condominium units, Trailer spaces, number of rooms or pads E) ____________
F) Recreational Facilities: Pool Tables (number of each) F) ____________
G) Hair Salons and Barber Shops, number of chairs G) ____________

The building I desire to establish in is: □ New Building □ Existing Building
The building has previously been used as: □ Residential □ Commercial
Sign Allowed □ Yes □ No (Attach Sign Permit application)
Parking adequate and marked off: □ Yes □ No Handicap accessibility to Bldg. □ Yes □ No
Land Use Classification ____________________________ Approved by: ____________________________ Zoning Official Date

I, the applicant, understand this occupational business license is not an approval for a certificate of occupancy. I or a representative will contact the Fire Chief at 983-5430 to schedule an appointment to provide a life safety inspection of the structure. I understand that this license will not legalize the operation of a business that is in violation of a zoning law. I hereby declare the preceding statements to be true and to the best of my knowledge.

Print Name ____________________________ Applicant’s Signature ____________________________ Date ____________

Code Classification ____________________________ Issued and Approved By: ____________________________ Date: ____________
License Amount ____________________________
Transfer Amount ____________________________ Denied: ____________________________ Date: ____________
Penalty Amount ____________________________ Reason for Denial: ____________________________ Date: ____________
Total Due ____________________________