CITY OF PANAMA CITY

MERCHANT LICENSE

BUSINESS/OCCUPATIONAL LICENSE AND VERIFICATION OF ZONING APPLICATION

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK				
1. BUSINESS NAME:	2. TYPE OF APPLICATION:			
	NewTransferOther			
3. MAILING ADDRESS:	4. STREET ADDRESS OF BUSINESS:			
5. OWNER OR PRESIDENT'S NAME:	6. OWNER'S DATE OF BIRTH:			
7. LOCAL BUSINESS PHONE:	IN CASE OF EMERGENCY CALL:			
8. FEDERAL ID#:				
9. NATURE OF BUSINESS TO BE LICENSED:				
MISC INFORMATION:				
10. OATH: I the undersigned applicant do swear/declare the	foregoing statements are true			
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APPLICANT'S SIGNATURE	DATE			
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	DATE NNING AND LAND USE DIVISION			
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CITY OF PANAMA CITY BUSINESS LICENSE QUESTIONNAIRE



Business Name:		
Business Address:		
What is the proposed business?		
What was the previous use of this location?		
(A change of Use/Occupancy approval may be required from Bay County Builders Service.)		
Has the building been vacant longer than 6 months?	Yes	No
Has ownership changed?	Yes	No
Do you plan to alter/modify the building or site (including trees)?	Yes	No
If yes, are you enlarging the building or adding impervious parking area?	Yes	No
Please explain the extent of the alterations (a Development Order may be required):		
Will the business have a sign?	Yes	No
* If yes, a Development order is required for all new signs or modifications to existing signs (please submit drawings for approval).		
Is this property located in a Community Redevelopment Area (CRA)? (If yes, special guidelines may need to be followed for construction/renovations/signage)	Yes	No
Does the site have off-street parking? (off-street parking is defined as parking located on the property and does not include the right-of-way)	Yes	No
If yes, how many designated parking spaces are provided for this location?		
If no, how will parking be addressed?		
RESTAURANT ONLY: Is this an existing restaurant?	Yes	No
If yes, how many existing seats?		
Will there be new seating added?	Yes	No
If yes, how many new seats?		
Have there been any improvements to the property within the last 6 months?	Yes	No
FOR NEW OR NEWLY REMODELED BUILDINGS:		
Has Certificate of Acceptance been issued by the City? (If no, the business license will not be approved until a Certificate of Acceptance has been issued.)	Yes	No

Applicant Signature _____

Date _____