



**CITY OF FORT PIERCE CITY CLERK DEPARTMENT**  
 100 N. US #1, Fort Pierce, Florida 34950  
 Phone: (772) 460-2200 ext. 371, 372 Fax: (772) 489-4142

**APPLICATION FOR CITY  
 OCCUPATIONAL LICENSE**  
 (Expires 60 days from application date)

Name of Business \_\_\_\_\_  
 Street Address of Business \_\_\_\_\_

Control #: _____	New Business	Application Fee _____
License # _____	Transfer/Name	License Tax _____
_____	Transfer/Address	Transfer Fee _____
Issue Date _____	Transfer/Owner	Penalty _____
		Total _____

**TO THE CITY CLERK OF THE CITY OF FORT PIERCE, FLORIDA:** Pursuant to Chapter 9 of the Code of Ordinance of the City of Fort Pierce, Florida, application is hereby made for an Occupational License for the privilege of engaging in the business, profession, or occupation, herein described:

Classification: \_\_\_\_\_

Description of product, service, and/or operation \_\_\_\_\_

Transferred From: \_\_\_\_\_

Opening Date \_\_\_\_\_ Exemption \_\_\_\_\_

State License # \_\_\_\_\_ Fictitious Name Re. # \_\_\_\_\_

Mailing Address of Business \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Owner of Business \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security \_\_\_\_\_ Driver's License # \_\_\_\_\_

STAT E OF FLORIDA }  
 ST. LUCIE COUNTY } SS

The forgoing instrument was acknowledged  
 before me on this \_\_\_\_\_ day of  
 \_\_\_\_\_ by \_\_\_\_\_

I hereby certify that the above information is true and correct. I further acknowledge that any Misstatement, omission, or false representation made by me in this application may result in a license not being issued or subsequent revocation of such license.

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 Applicant's Signature

**APPROVED AS TO APPLICABLE CODES**

1. Planning Department      Yes    No    by \_\_\_\_\_ Date \_\_\_\_\_

2. Building Department      Yes    No    by \_\_\_\_\_ Date \_\_\_\_\_

3. Occupational License Official    Yes    No    by \_\_\_\_\_ Date \_\_\_\_\_