

**TOWN OF ZOLFO SPRINGS  
P.O. BOX.162  
Zolfo Springs, Florida 33890  
Office: (863)735-0405  
Fax: (863)735-1684  
OCCUPATIONAL LICENSE  
APPLICATION**

**DATE:** \_\_\_\_\_

**NAME OF BUSINESS:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_

**BUSINESS LOCATION:** \_\_\_\_\_

**TYPE OF BUSINESS AND USES:** \_\_\_\_\_

**DESCRIPTION OF BUSINESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

***COST OF LICENSE \$20.50 Make Checks Payable to Town of Zolfo Springs.***

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**OFFICE USE:**

**ZONING:** \_\_\_\_\_ **COMMENTS:** \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_ **NOT APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Occupational License Number assigned to your Business:** \_\_\_\_\_