



MARION COUNTY OCCUPATIONAL LICENSE APPLICATION

***** NO REFUNDS *****

Account # _____

BUSINESS NAME	
MAILING ADDRESS	
CITY	
STATE	ZIP

Make Checks Payable To:
George Albright, TAX COLLECTOR
P.O. Box 1812
503 SE 25th AVE.
Ocala, Florida 34478-1812
PH: 352-368-8200 or 352-368-8213
FAX: 352-368-1022

PAST DUE PENALTIES ADDED OCTOBER 1ST
IF NOT IN OPERATION, CHECK BOX SIGN, DATE AND RETURN.

OCCUPATIONAL TITLE		OCCUPATIONAL CODE	FEE
OWNER NAME			
DBA/FICTITIOUS NAME			
FICTITIOUS NAME REGISTRATION NUMBER		FLORIDA CORPORATION NUMBER	
BUSINESS LOCATION(Street Address)			
PARCEL NUMBER		FEI OR SOCIAL SECURITY NUMBER	
BUSINESS PHONE(Local)		HOME/CORP PHONE	
CURRENT BUILDING DEPT COMP CARD NUMBER		STATE LICENSE NUMBER	

**PLEASE CHECK THE
APPROPRIATE BOX IF
BUSINESS LOCATION IS INSIDE
THE LIMITS OF ONE OF THE
FOLLOWING CITIES:**

- | | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | BELLEVIEW
(200) |
| <input type="checkbox"/> | DUNNELLON
(210) |
| <input type="checkbox"/> | MCINTOSH
(220) |
| <input type="checkbox"/> | OCALA
(160) |
| <input type="checkbox"/> | REDDICK
(240) |

PLEASE FILL IN THE APPROPRIATE QUESTIONS:

- | | |
|---|---|
| <p>1. MAXIMUM NUMBER OF EMPLOYEES _____
(Including Owner(s))</p> <p>2. BIRTH DATE _____
(Age Exempt-65 or Older Only)</p> <p>3. NUMBER OF ROOMS OR UNITS _____
(Hotels/Motels/Rooming Houses)</p> | <p>4. SEATING CAPACITY(Restaurant) _____
A. <input type="checkbox"/> Take-out Only <input type="checkbox"/> Catering <input type="checkbox"/> Dance Floor</p> <p>5. NUMBER OF COIN-OPERATED VENDING MACHINE _____
A. <input type="checkbox"/> Amusement _____ <input type="checkbox"/> Merchandise _____ <input type="checkbox"/> Service _____</p> |
|---|---|

The Undersigned requests an Occupational License be issued based upon the above information, with the understanding that information supplied shall become Public Record. Occupational licenses are issued pursuant to Marion County Ordinance 91-2 and Chapter 205, Florida Statutes. Anyone operating a business or profession without a license, is in violation of a 2nd degree misdemeanor and is subject to the penalty prescribed by Florida law.

A MARION COUNTY OCCUPATIONAL LICENSE IS VALID IF NO OTHER ORDINANCE OR LAW IS VIOLATED

DATE _____ SIGNATURE _____ TITLE _____

Main Office
503 SE 25 Ave
PO Box 970
Ocala, FL 34478-0970
(352) 368-8200
8:00AM - 4:30PM
Weekdays

Belleview Branch
Northside Plaza
10934 SW US 441
Belleview, FL 34421
(352) 368-8130
8:30AM - 4:30PM
Weekdays

Dunnellon Branch
Dunnellon Plaza
11223 N Williams St
Dunnellon, FL 34431
(352) 368-8120
8:30AM - 4:30PM
Weekdays

Forest Branch
Forest Center
15956 E SR 40
Silver Springs, FL 34488
(352) 368-8140
8:30AM - 4:30PM
Weekdays

SR 200 Branch
Jasmine Square
6154 SW SR 200
Ocala, FL 34476
(352) 368-8150
8:30AM - 4:30PM
Weekdays

North Branch
Ocala Spgs Shopping Center
7135 North Hwy 441
Ocala, FL 34476
(352) 368-8160
8:30AM - 4:30PM
Weekdays