

WORTH COUNTY BUSINESS LICENSE APPLICATION

Zoning Administrator	Date
Comments:	
APPROVED	DENIED
Regular Business Ru	ral Business At-Home Occupation Other
	R OFFICE USE ONLY
Applicant Signature:	Date:
also understands that the issuance	ure that all of the above information is true and correct and of a business license in Worth County is contingent on the all applicable Worth County Zoning Ordinances and Building
	ification card, and liability insurance, if applicable, is required. If you are ed statement granting authorization to operate the business from property.
	es and telephone numbers:
Color: Tag No.: _ Please provide three reference	VIN No.:
	e information: Year/Make/Model:
If yes, please list:	nership, please list all names, social security numbers, and addresses of ents. (Use separate sheet or back of this paper).
E- Verify #.:	_ Do you own any other business in Worth County:
Do you have a Tax Identification #	.: If yes, Tax Identification #:
Are you State Certified for the prop	No Company Name: bosed business: If yes, State Certified #:
Bonded or Insured: Yes	No Company Name:
Where will supplies be stored:	Proposed # of employees:
Describe nature of business:	
Address:	
Duon and Dusiness Nove	Business information
Place of Birth:	Do you own or rent: Business information
	Cell: ()
Address:	
Name:	Social Security Number: