



Town of _____
Micanopy
 Florida

PO Box 137 • 706 NE Chokolka Blvd
 Micanopy, Florida 32667-0137
 Town Hall: 352-466-3121 • Fax: 352-466-4912
 townhall@micanopytown.com

Application for an Occupational License
 Fee \$40 each rental unit/space or business
Please make your check payable to:

Town of Micanopy
 PO Box 137
 Micanopy, FL 32667-0137

(This form is NOT a valid license. A separate occupational license is required for each rental location or business.)

| | | | | | |
|---|-------------|----------|-------------|--------------|---------------------------|
| Name of Business: | | | | | |
| Name of Owner: | | | | | |
| License Location Street Address: | | | | | |
| City, State, Zip Code: | | | | | |
| Property Tax Parcel #: | | | | | |
| License Mailing Address (if different): | | | | | |
| City, State, Zip Code: | | | | | |
| Landlords indicate | | | | | |
| Address of Rental Location: | | | | | |
| Telephone #: | | | | Mobile #: | |
| Email Address: | | | | Fax #: | |
| Business Entity Type (circle one): | Corporation | | Partnership | | Sole Proprietorship (dba) |
| Type of Business (circle one): | Retail | Landlord | Insurance | Professional | Other |
| If Other, indicate type: | Other: | | | | |