

City of Quincy
404 West Jefferson Street
Quincy, Florida 32351
850-618-0030

OCCUPATIONAL LICENSE APPLICATION

A. BUSINESS

Business Name: _____
Business Location: _____
Mailing Address: _____
City, State, Zip: _____
Telephone Business: _____ Home: _____
Business Description: _____
Owner Name: _____ FEIN: _____
Operator Name: _____
Applicant Signature: _____

FOR CITY STAFF USE ONLY

B. REQUIRED CERTIFICATES

- ☐ Daycare (Children and Families/Health Department)
☐ Body shop (Department of Agriculture and consumer Services)
☐ Food Vendors (DBPR, Department of Agriculture and Consumer Services, State Inspection of Certification, Backflow Devices)
☐ Pawnshops (Department of Agriculture and Consumer Services)
☐ Car Wash (Department of Environmental Protection)
☐ Hair Salon/Barber shop (DEPR and Backflow Device)

C. CITY INSPECTIONS

☐ Mail License ☐ Hold License

Fee: _____	Date Received: _____	Receipt # _____
License # _____	Date Issued: _____	Issued By: _____
Building Inspection: _____	Date: _____	
	Reviewed by _____	Passed: Yes No See Note
Fire Inspection: _____	Date: _____	
	Reviewed by _____	Passed: Yes No See Note
Site Review: _____	Date: _____	
	Reviewed by _____	Passed: Yes No See Note