

Privilege License Application Form

FOR THE CONDUCTING AND CARRYING ON OF ALL TRADES, BUSINESSES, OCCUPATIONS, VOCATIONS,
CALLINGS, AND PROFESSIONS WITHIN THE CITY.

NOTICE

BUSINESS TYPES MUST ALSO COMPLY WITH OSCEOLA ZONING REGULATIONS FOR THAT PARTICULAR
ZONE IN WHICH THE BUSINESS IS TO BE LOCATED OR MUST BE APPROVED BY THE OSCEOLA PLANNING
COMMISSION AND BOARD OF ZONING ADJUSTMENT PRIOR TO BEGINNING OPERATION OF THAT
PARTICULAR BUSINESS.

Business Name: _____

Address: _____ Number of Employees: _____

Owner's Name: _____ Phone Number: _____

Owner's Mailing Address: _____

Give a general description of the nature and activities of the Business: _____

Owner / Operator Signature: _____ Date: _____

ALLOW SEVEN (7) BUSINESS DAYS FOR PROCESSING OF APPLICATION AND FOR OFFICIAL USE.

Date Received _____

Business _____ Does _____ Does Not comply with the Osceola Zoning Regulations.

Date Issued _____ Date Rejected _____

Fee _____ Expires on _____ Processor _____

Comments _____