

PROCEDURES FOR BUSINESS REGISTRATION

**1: CHECK WITH “THE CITY OF WAUCHULA”
PLANNING & ZONING DEPARTMENT TO MAKE
SURE THE BUSINESS IS ZONED CORRECTLY**

(Kyle Long (863-773-9193))

2: FILL OUT THE APPLICATION ALONG WITH:

A: PROVIDE A COPY OF STATE LICENSE

B: PROVIDE A COPY OF FIRE INSPECTION

(Inside city limits only)

(There is an additional fee for this services assessed by the Hardee
County Fire Department) 863-773-4362

C: HEALTH INSPECTION CERTIFICATE

(Only for Restaurants)

*D: Failure to comply within sixty (60) days will result in
turning case over to Code Enforcement Dept. in accordance
with Ordinance 2009-02 set by City Commissioners.*

**3: IT WILL TAKE 3 DAYS FOR LICENSE TO BE
APPROVED**

4: SIGNATURES REQUIRED ON APPLICATION:

COMMUNITY DEV. COORDINATOR (Kyle Long)

POLICE DEPARTMENT

FINANCE DIRECTOR (James Braddock)

**CITY OF WAUCHULA
BUSINESS TAX REGISTRATION
APPLICATION**

POLICE DEPARTMENT _____

CITY HALL _____

Date: _____

Name of Business: _____

Location Address: _____

Mailing Address: _____

Type of Business: _____

Telephone No.: _____ Name of Owner: _____

Signature: _____ Name of Manager: _____

(A photo Id will be required for all application) Driver's License No.: _____

RETAIL MERCHANTS: Approximate Value of Inventory \$ _____

RESTAURANTS: Seating Capacity _____

CONTRACTORS: State of Registration or Certification No. _____

Type of License to be Purchased _____

VENDING MACHINE:

List number of machines, name of owner and type of machine

| Number | Name of Owner | Location Address | Type |
|--------|---------------|------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

AMUSEMENT DEVICES:

List number of machines, name of owner and type of machine.

| Number | Name of Owner | Location Address | Type |
|--------|---------------|------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

APARTMENT RENTALS, MOTELS, BOARDING HOUSES, ETC.

Number of rooms or rental units: _____

For City Use Only:

Business Registration No.: _____ Fee: _____

Fee Code No.: _____ Date: _____

Description: _____ Initials: _____

Zoning Classification: _____

WAUCHULA POLICE DEPARTMENT

JOHN M. EASON, CHIEF OF POLICE

128 S 7th Ave. Wauchula, Florida 33873

Phone: (863)-773-3265 Fax: (863)-773-9730

jeason@wauchulapolice.com

ALARM CONTACT SHEET

Business Name:

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

Email Address: _____ Zone: _____

Name of Alarm Company and Phone Number:

Emergency Contact List (notify in order listed)

Name

Address

Phone

It is important that the information contained on this form is current. Please contact the Wauchula Police Department with any changed to additions to this information at 863-773-3265.

A STATE ACCREDITED LAW ENFORCEMENT AGENCY

AN EQUAL EMPLOYEMENT OPPORTUNITY EMPLOYER