



City of DeLand

### **Name Change Checklist**

#### **Fire Department**

All buildings are subject to an inspection by the fire inspectors. **ANTICIPATE A CALL FROM THE FIRE DEPARTMENT. THE FIRE INSPECTOR WILL CALL TO ARRANGE A TIME, CONVENIENT TO BOTH PARTIES FOR A FIRE INSPECTION.**

#### **Driver's License**

Owner/Manager must submit copy of Driver's License or other photo identification

#### **Notary**

This application must be notarized.

#### **State License**

If your business is Licensed through the State of Florida, please attach a copy. If you don't know if your business needs to be licensed through the state you can go online at [www.stateofflorida.com/regulated](http://www.stateofflorida.com/regulated).

#### **Fictitious Name**

Will you be using a name other than your full given name or using a "doing business as name"? If so, you need to register a fictitious name with the State of Florida- [www.sunbiz.org](http://www.sunbiz.org). Please attach a copy of your Fictitious Name registration. **or**

#### **Corporation/LLC**

Is your business Incorporated or a Limited Liability Corporation? If so please attach a copy of your Articles of Incorporation.



City of DeLand

# **INFORMATION FOR THE FIRE DEPARTMENT**

## **Business Information**

Name of Business: \_\_\_\_\_

Business Owners Name: \_\_\_\_\_

Address For Business: \_\_\_\_\_

Suite(s)/Unit(s): \_\_\_\_\_

Square Footage: \_\_\_\_\_ Number of Seats: \_\_\_\_\_

Fire Alarm: Y\_\_ N\_\_ Sprinkler System: Y\_\_ N\_\_

Renovations Done: Y\_\_ N\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Business phone: (\_\_\_\_) \_\_\_\_\_

Mobile #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home #:(\_\_\_\_) \_\_\_\_\_ Mobile #:(\_\_\_\_) \_\_\_\_\_

## **Building Information**

Building Owner: \_\_\_\_\_

Building Owner Address: \_\_\_\_\_

Building Owner Contact #: (\_\_\_\_) \_\_\_\_\_

**If you have any questions contact the Fire Inspector at 386-626-7042 or by [email stemmrnm@deland.org](mailto:stemmrnm@deland.org)**



City of DeLand

APPLICATION FOR OCCUPATIONAL LICENSE  
BUSINESS TAX RECEIPT

<input type="checkbox"/> Business Name Change	<i>former name</i> _____
<input type="checkbox"/> Change of Address	<i>former address</i> _____
<input type="checkbox"/> Change of Ownership	

**Business Information**

- Name of Business \_\_\_\_\_
- Address of Business \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_
- Mailing address for Business \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

**Property Information**

- Building Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- Describe type of business/profession at this location \_\_\_\_\_  
\_\_\_\_\_
- What business was located at this address previously? \_\_\_\_\_
- Parcel # \_\_\_\_\_



**Personal Information**       **Owner of Business**     **Contract Employee**     **Additional Professional**

- Name of Person Filing for Business Tax \_\_\_\_\_
- Corporation Name \_\_\_\_\_
- Home Mailing address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ e-mail \_\_\_\_\_



Complete Below only the items that are applicable to your business

- 1. State License # \_\_\_\_\_
- 2. Beauty/Barber/Nail/Tanning Salon:  # of stations
- 3. Total square footage:
- 5. Mobile home parks / motels / apartments/ bed & Breakfast:  # of units
- 6. Restaurants:  # of seats
- 7. Vending machines (Candy /Soda / Cig. / etc)  
(If they are owned by your company)  # of units
- 8. Amusement Machines (Pinball / Pool Table / Video / etc.)  
(If they are owned by your company)  # of units
- 9. Number of Pumps (Gas Stations)  # of units
- 10. Number of Vehicles (Wreckers, Taxi & Delivery)  # of units
- 11. Number of Stands ( Fruit & Vegetable Stands)  # of units

**Accountants, Architects, Attorneys, Dentists, Engineers, Optometrists, Physicians/Surgeons, Veterinarians, Real Estate Agents, Real Estate Appraisers and all other Professionals.** Please provide a listing of names consisting of each professional person working out of your office. Also provide the state license number for each person in the space provided. Professionals operating out of a professional office must obtain their individual occupational license.


**New Signs?** Yes  No  No signage is to be installed, including copy area without a permit and prior approval by the building official. If zoning is not approved, no work shall begin until the sign comes into compliance. (Business Tax Receipt will not be issued unless the applicant has signed here.) If you change sign without approval you are subject to a \$100.00 fine.   **I understand that if I install a sign without pulling a building permit I will be obligated to pay any and all applicable fines.**

**I will be making alterations to the building (describe below)**



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I will not be making alterations to the building. I understand that if I make alterations to the building without pulling a building permit I will have to pay any and all applicable fines.

I understand that granting of the Business Tax Receipt implies only that the zoning of the location, as referenced on the Business Tax Receipt, in which I intend to operate my business is appropriate for that type of business. Additionally, I understand that the granting of a Business Tax Receipt does not waive my responsibility to ensure that all applicable requirements have been met. Additionally, I agree to hold the City of DeLand harmless for any damages that I may incur from failure to meet all City of DeLand requirements.

I hereby swear and affirm that the information provided is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
By \_\_\_\_\_ who is known to me or has produced  
\_\_\_\_\_ as identification and who did take an oath.  
\_\_\_\_\_  
Notary as to Owner Date  
(Seal)

Occupancy permit valid only after approval by the Chief Building Official and Fire Marshall.

**For Office Use Only**  
**Building Department:**  
\_\_\_\_\_  
Approved by Chief Building Official Date  
Remarks: \_\_\_\_\_  
**Fire Department:**  
Fire Inspection: Yes  No  (\$35.00) Date of Inspection: \_\_\_\_\_ Fire Inspector  
Other Fire Services/ Inspections (Based on Fee Resolution) :  
Inspection type \_\_\_\_\_ Fee: \_\_\_\_\_  
Remarks: \_\_\_\_\_  
**Planning & Zoning Department:**  
Zoning Approved: Yes  No  Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Zoning:  
Remarks: \_\_\_\_\_