



CITY OF MADISON

Business License
321 Southwest Rutledge Street
Madison, Florida 32340
Phone 850-973-5081

NEW BUSINESS LICENSE APPLICATION

No person shall engage in or manage any business, profession, privilege or occupation described in the schedule set out in section 15-13 of the City of Madison Code of Ordinances within the city unless and until a city license shall have been procured from the mayor and collector of the city.

Name of Applicant _____ Date: _____
Last First Middle

Phone Number _____

Name of Business _____

Physical Address of Business _____

Mailing Address (If Different) _____

Type of Business _____

Food Service – Restaurant or Mobile _____

If Restaurant, seating capacity _____

If Gas Station, how many pumps will you have? _____

If a sign is needed for your business, brief description and number of signs

Dimension of Sign: ____inch X ____inch & ____feet X ____feet & Depth ____inch

Square Footage of Sign: _____

Will the Sign be illuminated: Yes No
If applicable, provide all lighting information & location.

Location of Sign on Property: _____

Location of Sign on Building: _____

APPLICANT INFORMATION In signing this application, I hereby acknowledge that I have read and fully understand the applicable provisions of the City Ordinances and current administrative procedures. Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City Zoning Administrator or designee and the City Building Official or designee to enter upon the property to perform any inspections. Entry may be without notice. I hereby acknowledge that I have read this application and all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions and to abide by all ordinances of the City and the laws of the State of Florida. I further acknowledge the fee explanation and hereby agree to pay all statements received pertaining to additional application expense and city review. Upon review, the City of Madison reserves the right to require additional apps. / permit(s)

Applicant's Signature: _____

Date: _____

Does the business require a state license, if so, please submit a copy with your application

Please fill out application completely and submit with your fee for your city license.

To Be Completed by the City of Madison

Cost of License _____

Zoning – Community Development _____

Fire Code – Fire Department _____

Police Review - _____

***Issuance of any business license does not exempt one from zoning, building codes, nor any other City Ordinance.**