

**TOWN OF HASTINGS
LAND USE CLEARANCE APPLICATION FOR BUSINESS TAX RECEIPT**

FEE: \$25.00 **DATE PAID** _____ **PAID BY:** Cash _____ Check _____ Check No. _____ Receipt No. _____

PLEASE PRINT OR TYPE

1. NAME OF BUSINESS OWNER _____ DAYTIME TELEPHONE _____

Business Mailing Address _____ City _____ State _____ Zip _____

2. NAME OF PROPERTY OWNER _____ DAYTIME TELEPHONE _____

Mailing Address _____ City _____ State _____ Zip _____

3. LEGAL DESCRIPTION OF BUSINESS: Lot/s _____ Block _____

Subdivision _____ Parcel Number _____

4. BUSINESS STREET ADDRESS _____

5. PROPOSED TYPE OF USE (List all business activities at location; be specific) _____

6. NAME OF PROPOSED BUSINESS _____

7. TYPE OF APPLICATION

_____ Existing Business Changing Location - (Previous Location: _____

Only applicable if previous location was inside Town limits of Hastings (No Fee)

_____ New Business **/*** _____ New Use *** _____ Assembly _____ Existing Business – Change of Business Name

_____ Home Occupation (must also submit home occupation application.) *** _____ Building vacant longer than six (6) months

**** NOTE.....If business is a "new use", meaning it is a different type business than has previously been at this location, a site plan application may be required for review of parking and other issues. (Town staff to determine)**

***** NOTE.....Fire Inspection may be required if: New Use, Building vacant for period exceeding 6 months, Assembly of people.**

LAND USE CLEARANCE APPLICATION FOR BUSINESS TAX RECEIPT, cont.

APPLICANT NAME – Please Print _____

NAME OF PROPOSED BUSINESS – Please Print _____

8. AGREEMENT

In filing this application, I understand that it becomes a part of the Public Record of the Town of Hastings, Florida, and hereby certify that all the information contained herein is accurate to the best of my knowledge. I further understand that an OCCUPATIONAL LICENSE is required prior to occupying any building, structure or premises for business purposes.

I UNDERSTAND THAT ALL REQUIRED BUILDING IMPROVEMENTS MUST BE PERMITTED, COMPLETED AND FINAL INSPECTIONS MADE PRIOR TO THE ISSUANCE OF THIS APPLICATION. SIGN PERMITS MAY BE OBTAINED FOLLOWING THE ISSUANCE OF THIS USE PERMIT.

I UNDERSTAND THAT A SITE PLAN APPLICATION MAY BE REQUIRED PRIOR TO APPROVAL OF THIS APPLICATION.

Signature of Applicant/Business Owner

Date

Signature Of Property Owner
(or signed/notarized letter of authorization from owner)

Date

STAFF USE ONLY

LAND USE DEPARTMENT

Future Land Use Designation _____ Above Use Is Allowed Under This Designation ___ Yes ___ No

Land Use Coordinator

Date

UTILITY DEPARTMENT

Water/Sewer Service Available/Current _____ Yes _____ No

Signature

Date