



DEPARTMENT OF COMMUNITY DEVELOPMENT

ZONING COMPLIANCE CERTIFICATE/BUSINESS TAX APPLICATION

Questions: (239)574-0553 or zoning@capecoral.net

ZONING COMPLIANCE APPLICATION

NEW BUSINESS CHECKLIST

- Before you lease or buy a commercial space, call or visit the Planning Division at City Hall, to determine the following:
 - The location is zoned for your business type
 - Site meets required parking for your business
 - If Change of Occupancy is required under the Florida Building Code
- Register your LLC, Corporate Name, or Fictitious Name at www.sunbiz.org
- Apply for any required state licenses. If you have any questions, contact our Licensing division at (239) 574-0430 or licensing@capecoral.net
- Submit a Zoning Compliance application and *if* required a Change of Occupancy application. Incomplete applications will not be accepted.

NOTE: A CHANGE OF OCCUPANCY MUST BE COMPLETED BEFORE PROCESSING A ZONING COMPLIANCE APPLICATION

Required Documents:

- Documentation of Sunbiz Registration
 - Copy of executed lease
 - Completed application form
- Zoning Application fee \$182.00 (\$110 application fee and \$72 fire inspection fee)

NEXT STEPS IN PROCESS

- Fire Inspection. (Instructions will be provided once fee has been paid)
- Complete Business Tax Receipt with our Licensing Division.
- Apply for a local Business Tax Receipt with Lee County:
 - Phone (239) 533-6000
 - Address 1039 SE 9th Place Cape Coral, FL 33990

Please note that it is the responsibility of the applicant to advise the City Clerk's Office of any information on the application form that is exempt from public disclosure or confidential pursuant to state or federal law. Applicant must provide the City Clerk with information that is sufficient for the Clerk to determine whether the information is confidential or entitled to be exempt from disclosure.

The City of Cape Coral, its officers, employees, or agents are not liable for any unauthorized release of exempt or confidential information regarding any applicant.

Prior to erecting a sign advertising a business, and after applying for Zoning Compliance, a sign permit must be obtained through the Planning Division. Information on sign requirements and the permit application may be found on the Planning Division's website located at www.capecoral.net.



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YELLOW AREA FOR OFFICE USE ONLY
ZC
BLOCK LOT
STRAP
ZONING LU
DATE CSR

YELLOW AREA FOR OFFICE USE ONLY

Change of Business Owner [] Continued Use [] 1st Tenant [] Desk Space []

[] Change of Occupancy from: to per (initial)

Prior Owner/Occupant:

Business Type: CU / ZC #:

New Business Classification:

Parking Regs: Spaces Req'd: Spaces on Site: H/C on Site:

Notes/Comments/Special Instructions:

BUSINESS INFORMATION (REQUIRED)

Business Address: Suite/Unit #: Unit Ft²: Building Ft²:

Legal Business Name AS REGISTERED IN SUNBIZ:

Fictitious Name/DBA:

Phone #: Days of Operation: Hours of Operation:

Business Owner Name:

Mailing Address: City: State: Zip:

Email Address: Phone #:

Business Manager(s) Name: Phone #:

Owner of Building: Phone #:

Local Emergency Contact: Phone #:

DETAILED BUSINESS DESCRIPTION (REQUIRED):

Blank lines for detailed business description



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Check One (if applicable): New Business Relocation (within Cape Coral) Expansion

Other Location in Cape Coral: Yes No Address: _____ CU/ZC #: _____

Prior Location a Home Based Business: Yes No Address: _____ BTR #: _____

Has Location been Vacant: Yes No If Yes, How Long? _____ Is Unit on Septic System: Yes No

Is any portion of your net floor area or gross revenue derived from sexually oriented items/activities? Yes No
If yes, what percentage? _____

of Employees Including Business Owner: _____ # of Company Vehicles: _____

Restaurant/Assembly Seating Capacity (if applicable): _____ Outdoor Display Area (if applicable): Yes No

Remodeling? (Electrical/Plumbing) Yes No If yes, Permit #: _____ Final Inspection Date: _____

You must sign in your corporate capacity if the business is under a LLC, Trust, LP, or similar business entity

APPLICANT SIGNATURE

The information on this application is true and complete to the best of my knowledge.

Printed Name Title

Signature Date

LOCAL BUSINESS TAX INFORMATION

FED Tax ID or SS#: _____

Do you currently have a local business tax receipt or Competency License in the City of Cape Coral? Yes No

If yes, what is the receipt or license numbers? _____

Do you have or have you applied for: *Fictitious Name* Yes No *Corp Papers* Yes No *State License* Yes No

Date Applied: _____

ADDITIONAL INFORMATION (IF APPLICABLE)

COIN OPERATED MACHINES: (State type of machine, how many, location of machines and the amount of money to activate the machine)

INSURANCE OFFICES: (List Companies Represented) _____

GAS STATIONS: Number of Pumps: _____ Number of Bays: _____

If such a business is conducted from a vehicle, state number of vehicles used: _____