

**APPLICATION FOR OCCUPATIONAL LICENSE
TOWN OF LAKE PLACID**

Name of Business: _____

Address of Business: _____

Mailing Address (if different): _____

Telephone Number: _____ Fax Number: _____

Description of Business: _____

Property Owners Name and Address: _____

Business Owners Name: _____

Owners Home Address: _____

Owners Home Telephone Number: _____

Federal Identification or Social Security Number: _____ - _____ - _____ Property Zoned: _____

Signature: _____ Date: _____

Town of Lake Placid Occupational Licenses will be issued within twenty-four (24) hours or as soon thereafter as possible after the application is filed at Town Hall and the license fee is paid. Renewal notice will be sent in August of each year.

Be aware that a sign permit is required before any sign is erected

*****OFFICE USE ONLY*****

Code Enforcement Officer: _____ Approved _____ Disapproved _____

Reason for disapproval: _____

Town Clerk: _____ Approved _____ Disapproved _____

Reason for disapproval: _____

Licensed as: _____ Restrictions: _____ \$30.00 fee paid: _____

LAKE PLACID POLICE DEPARTMENT

8 North Oak Ave.

Lake Placid, FL 33852

www.lakeplacidpolicedepartmentfl.org

Phil Williams
Chief of Police
lppdchief@yahoo.com

EMERGENCY CONTACT NUMBERS FORM

Date:	
Business Name:	Business Telephone:
Address:	

CONTACT PERSON

Primary Contact:	Home Telephone:	Second Telephone:	Email:

Home Address:			

Secondary Contact:	Home Telephone:	Second Telephone:	Email:

Does the business have an alary: Yes [] No []		Silent Alarm []	Audible []

Name of alarm company, if applicable		Alarm Company Telephone Day/Night#	

Please return information with occupational license fee or send directly to the Lake Placid Police Department at the address listed above.			
Additional Comments:			

