



## DEPARTMENT OF DEVELOPMENT SERVICES

### ZONING COMPLIANCE CERTIFICATE/BUSINESS TAX APPLICATION

Questions: (239)574-0553 or [zoning@capecoral.gov](mailto:zoning@capecoral.gov)

#### ZONING COMPLIANCE APPLICATION

##### NEW BUSINESS CHECKLIST

- ☐ Before you lease or buy a commercial space, call or visit the City 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](http://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.gov](mailto:licensing@capecoral.gov)
- ☐ 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 9<sup>th</sup> 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 City Planning Division. Information on sign requirements and the permit application may be found on the Planning Division's website located at [www.capecoral.gov](http://www.capecoral.gov).



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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 ☐ 1<sup>st</sup> 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 Ft<sup>2</sup>: \_\_\_\_\_ Building Ft<sup>2</sup>: \_\_\_\_\_  
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):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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: \_\_\_\_\_

#### APPLICANT SIGNATURE

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

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

\_\_\_\_\_  
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: \_\_\_\_\_



# CAPE CORAL POLICE DEPARTMENT

COMMUNICATION SECTION

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

FROM: Marquilla James  
Communications Supervisor

SUBJECT: Emergency Contact Information for Police and Fire Emergencies only

*Please fill out the following with three (3) employees that we can contact in case of an emergency after hours. These employees' should have a key with access to your business. Please list the employee's names, home addresses, and home telephone numbers in the order in which they are to be contacted. Please FAX TO: 574-6315 or email to [mjames@capecoral.gov](mailto:mjames@capecoral.gov)*

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

Business Address: \_\_\_\_\_ Unit # \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

1.	_____	_____	_____
	Last Name	First	Position
	_____	_____	_____
	Home Address	Home Phone	Cell Phone
2.	_____	_____	_____
	Last Name	First	Position
	_____	_____	_____
	Home Address	Home Phone	Cell Phone
3.	_____	_____	_____
	Last Name	First	Position
	_____	_____	_____
	Home Address	Home Phone	Cell Phone

*Please advise us when any of the above information CHANGES. Thank you in advance for your assistance in this matter.*