



DEPARTMENT OF DEVELOPMENT SERVICES

ZONING COMPLIANCE CERTIFICATE/BUSINESS TAX APPLICATION

Questions: (239)574-0553 or 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
- Apply for any required state licenses. If you have any questions, contact the Business Tax Receipts Division at (239) 574-0430 or businesstaxreceipts@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 **\$248.00** (\$110 Application fee; \$72 Fire Inspection fee; \$40 Fire review; \$26 Building review)

NEXT STEPS IN PROCESS

- Fire Inspection. (Instructions will be provided once fee has been paid)
- Complete Business Tax Receipt with the Business Tax Receipts 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 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.



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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):



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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

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.