

City of LaBelle
481 W Hickpochee Ave
LaBelle, FL 33935
863-675-2872
www.citylabelle.com

Business name: _____

New_____ Change of ownership_____ Change of address_____

Dear Business Owner,

Thank you for your recent inquiry about a City of LaBelle Business License. Enclosed you will find the City of LaBelle Local Business Tax Application. Please complete the top portion of the application.

Below is a list of agencies you are require to get approval from for the business license. Please submit the application to these offices for signatures.

City of Labelle Planning & Zoning
481 W Hickpochee Ave
LaBelle Florida 33935
239-850-8525
acrespo@rviplanning.com

**Hendry County Health Department
Environmental Health**
1140 Pratt Blvd
LaBelle Florida 33935
863-674-4041 Ext 152

City of LaBelle
80 Euclid Place
LaBelle Florida 33935

Florida Department of Agriculture
800-435-7352
www.freshfromflorida.com

LaBelle Fire Department
280 S Main Street
LaBelle Florida 33935
Josh Rimes
863-673-0468 CELL

**Florida Department of Business and
Professional Regulation**
850-487-1395
www.myfloridalicense.com

FOG/IPP COORDINATOR/INSPECTOR
Woodard & Curran / City of LaBelle
Adam Barde
863-247-1600 CELL
Abarde@woodardcurran.com

State of Florida Division of Corporations
850-245-6052 – Corporations
850-245-0651 – Partnerships
850-245-6058 – Fictitious Names
www.sunbiz.org

Type of Business: _____

Physical address of business: _____

Is the Property located in the City Limits: _____

Is Property owned or leased: _____

If Property is leased please provide a copy of the lease or a notarized statement from the property owner giving permission for you to operate a business from this location.

City of LaBelle
Local Business Tax Application

NAME OF BUSINESS _____
MAILING ADDRESS OF BUSINESS _____
PHYSICAL ADDRESS OF BUSINESS _____
OWNER _____ BUSINESS PHONE _____ HOME PHONE _____
HOME ADDRESS _____
FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER _____
TYPE OF BUSINESS _____
SIGNATURE OF OWNER _____

APPROVAL FROM OTHER DEPARTMENTS

CITY OF LABELLE PLANNING & ZONING

THE FOLLOWING DESCRIBED PROPERTY (PIN) _____ IS WITHIN A _____ ZONE THAT
DOES PERMIT THE OPERATION OF THE ABOVE BUSINESS _____
COMMENTS: _____
SIGNED _____ DATE _____

FIRE MARSHAL

INSPECTION OF THE ABOVE NAMED BUSINESS WAS MADE AND THE FACILITY DOES COMPLY WITH THE
MINIMUM REQUIREMENTS OF THE STANDARD FIRE INSPECTION CODE _____
SIGNED _____ DATE _____

FOG/IPP INSPECTOR

INSPECTION OF THE ABOVE NAMED BUSINESS WAS MADE AND THE FACILITY DOES COMPLY WITH THE
MINIMUM REQUIREMENTS OF THE F.O.G. COMPLIANCE PROGRAM _____
SIGNED _____ DATE _____

HEALTH DEPARTMENT

INSPECTION OF THE ABOVE NAMED BUSINESS WAS MADE AND THE FACILITY DOES COMPLY WITH THE
MINIMUM REQUIREMENTS OF THE FLORIDA ADMINISTRATIVE CODE _____
SIGNED _____ DATE _____

FOOD FACILITY

INSPECTION OF THE ABOVE NAMED BUSINESS WAS MADE AND THE FACILITY DOES COMPLY WITH THE
MINIMUM REQUIREMENTS OF THE FLORIDA ADMINISTRATIVE CODE _____
SIGNED _____ DATE _____

FLORIDA DEPARTMENT OF AGRICULTURE:
(850) 488-2221 WEBSTE: 800HELPFLA.COM

REGULATES GROCERY STORES, CONVENIENCE STORES PRE PACKAGED FOODS
BAKERIES, DELICATESSENS, MEAT AND SEAFOOD MARKETS, AUTO REPAIR,
TELEMARKETING, HEALTH STUDIOS, AEROBICS, PAWN SHOPES, TRAVEL AGENCIES,
BALLROOM & DANCE STUDIOS, WATER AND ICE VENDING, MOBILE FOOD VENDORS
THAT SELL ONLY PRE PACKAGED FOOD, FOOD PROCESSING AND MANUFACTURING
PLANTS, BEE KEEPERS, PRIVATE INVESTIGATORS, GAS STATIONS, RECOVERY AGENTS
SECURITY OFFICERS AND AGENCIES.

FLORIDA DEPARTMENT OF BUSINESS
PROFESSIONAL REGULATION:

REGULATES RESTAURANTS, FOOD SERVICE FACILITIES, CATERING MOBILE
VENDORS THAT PREPARE AND SERVE FOOD

(800) 435-7352 website: www.freshfromflorida.com

***COPY OF FOOD INSPECTION REPORT MUST BE SUBMITTED WITH THIS APPLICATION ***