

Date _____

Application for Business License
City of Madison
321 S. W. Rutledge Street
Madison, Florida 32340
850-973-5081/ Fax 850-973-5084

Name of Applicant: _____
Printed Name Signature

Phone Number _____

Name of Business: _____

Physical Address of Business: _____

Mailing Address for Business: _____

E-Mail Address: _____

Type of Business _____

Food Service – Restaurant or Mobile _____

If Restaurant, seating capacity _____

Does the business require a state license, if so, please submit a copy with your application

If a filling station, how many gas pumps will you have? _____

Please fill out application completely and submit with your fee for your city license.

To Be Completed by the City of Madison

Cost of License _____

Zoning – Community Development _____

Fire Code – Fire Department _____

Police Review - _____

***Issuance of any business license does not exempt one from zoning, building codes, nor any other City Ordinance.**