

# City of Safety Harbor New Business Form

## **INFORMATION (TO BE FILLED OUT BY BUSINESS OWNER)**

### **1. NAME:**

Business Owner Name:	
Business Name:	
Telephone:	E-Mail:

### **2. PROPERTY OWNER:**

Name:	
Telephone:	E-Mail:

### **3. SITE INFORMATION:**

Proposed Business Address:
Is the business in an existing or new building?
Have any recent renovations been done to the space? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, describe:
Are renovations planned? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, describe:
Are any additions to square footage planned? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, describe:

### **4. USE INFORMATION:**

What was the prior use of the space?
What was the prior business name that operated in the space?
What is the proposed use?
Will food be served? <input type="checkbox"/> yes <input type="checkbox"/> no.
Will alcohol be served? <input type="checkbox"/> yes <input type="checkbox"/> no
Is there a grease trap? <input type="checkbox"/> yes <input type="checkbox"/> no