



BUSINESS TAX  
AGENCY & ZONING APPROVAL

Business Name: \_\_\_\_\_ Social Security/EIN #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Property Identification Number (PIN): \_\_\_\_\_

Is the property located within the City of LaBelle or the City of Clewiston?  Yes  No  
*(If yes, a copy of your City Business Tax Receipt will need to be submitted)*

Do you own or lease the property?  Own  Lease (Authorization from Lessor will be required)

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The business applicant has obtained all necessary certifications or registrations required for the operation of the identified business. The business premises are located within a zoning district that authorizes such use. An inspection of the facility has been completed, confirming compliance with the applicable provisions of the Florida Administrative Code.

Approving Agency (Check One)

- Planning & Zoning  Building Department – Licenses & Code Enforcement  
 Fire Marshal  Health Department  City of LaBelle  City of Clewiston

Approving Agency Signature Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

☎ 863-675-5280

📍 25 E. Hickpochee Ave.  
LaBelle, FL 33935

☎ 863-983-1460

📍 1100 S. Olympia St. Suite 300  
Clewiston, FL 33440