

Business Registration Application 1065 Ridgewood Avenue, Holly Hill, Florida 32117 Phone:(386) 248-9433 - Email: permitdesk@hollyhillfl.org

FOR: FENCE – TREE & OTHER NON-STATE LICENSED BUSINESSES ONLY A FEE OF \$20.00

Date:					
Name of Business:					
Address of Business:					
City	_State		_Zip	Phone ()
Mailing Address (If different than above):					
City	_State _		_Zip	Phone ()
Business Owner Information					
Name:		Email			
Home Address:				Phone ()
City	_State _		_Zip		

<u>CERTIFICATION</u>: I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any Business Registration issued to me. It is further understood that I must comply with the Codes of the City of Holly Hill and failure to correct conditions that are in violation are punishable under the code or sufficient cause for revocation of my Business Registration.

Signature of Business Owner

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me, by means of \Box physical presence or \Box online notarization, this ______ day of ______, ____ (year), by _______, who is personally known to me or produced _______ as identification.

NOTARY PUBLIC, STATE OF FLORIDA

Notary Signature

Printed Name

Commission No.: ______ My Commission Expires: