



City of Cape Coral ZONING COMPLIANCE/BUSINESS TAX APPLICATION

NEW BUSINESS CHECKLIST

Application Questions: (239)574-0584 or (239)573-3177 zoning@capecoral.gov

- ☐ **Before** you lease or buy a commercial space, call or visit the Planning Division to determine the following:
 - The location is zoned for your business type
 - Site meets required parking for your business
- ☐ Register your LLC, Corporate Name, or Fictitious Name at www.sunbiz.org. If your business is operating and/or advertising under a name other than your full legal name, a corporate name, LLC, LLP, Partnership or Trademark, attorney, regulated by Department of Business & Professional Regulation, or the Department of Health, a Fictitious Name Registration is required.
- ☐ Apply for any required state licenses (if required.)
- ☐ Submit the Commercial Zoning Compliance/Business Tax Application. Incomplete applications will not be accepted.
 - Required Documents:
 - State License (if applicable)
 - Documentation of Sunbiz registration
- ☐ One Time Zoning Compliance Fee of \$248.00 (\$110 application fee; \$72 Fire Inspection Fee; \$40 Fire Review Fee; \$26 Building Review Fee; \$73 Fire Re-Inspection Fee per inspection) **This fee is non-transferrable.**

NEXT STEPS

- ☐ Building and Fire Review is completed to determine if a Change of Occupancy is necessary. If a Change of Occupancy is necessary, the Change of Occupancy Permit must be submitted to the Permitting Services Division and the ZCC application will be put on hold until the permit is approved.
- ☐ Fire Inspection. The fire inspection can be scheduled once the Building and Fire reviews are approved. If a Change of Occupancy is required the fire inspection cannot be completed until the permit is closed. Note: Instructions on how to schedule the fire inspection will be emailed once all reviews are complete.
- ☐ Complete the Business Tax Receipt Process with the Business Tax Receipt Division within the City Clerk's Office (businesstaxreceipts@capecoral.gov)
- ☐ APPLY and RECEIVE a Lee County Business Tax Receipt
Phone: 239-533-6000
Physical Address: 2480 Thompson St. Fort Myers, FL 33901
Website: <https://leetc.com/businesses/>

OTHER INFORMATION

Please note that it is the responsibility of the applicant to advise the City Clerk's Office of any information on the application form that is exempt from public disclosure or confidential pursuant to state or federal law. Applicant must provide the City Clerk with information that is sufficient for the Clerk to determine whether the information is confidential or entitled to be exempt from disclosure.



Department of Development Services
City Planning Division
PO Box 150027
Cape Coral, FL 33915-0027
zoning@capecoral.gov
239-574-0553

City of Cape Coral

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The City of Cape Coral, its officers, employees, or agents are not liable for any unauthorized release of exempt or confidential information regarding any applicant.

Prior to erecting a sign advertising a business, and after applying for Zoning Compliance, a sign permit must be obtained through the Planning Division. Information on sign requirements and the permit application may be found on the Planning Division's website located at www.capecoral.gov.

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FOR OFFICE USE ONLY

Change of Business Owner ☐ Continued Use ☐ 1st Tenant ☐ Desk Space

Prior Owner/Occupant: _____

Business Type: _____ CU/ZCC# _____

New Business Classification: _____

Parking Regs: _____ Spaces Required: _____ Spaces on Site: _____ H/C Spaces on Site: _____

Notes/Comments/Special Instructions: _____

Unit # _____ Unit Ft² _____

Business Address: _____

Building Ft² _____

Legal Business Name **AS REGISTERED IN SUNBIZ:** _____

Fictitious Name/DBA(if applicable): _____

Phone #: _____ Days of Operation: _____ Hours of Operation: _____

Business Owner Name: _____ (as registered in Sunbiz – not an LLC or corporate name)

Mailing Address (if different from above) _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

Business Manager(s) Name: _____ Phone #: _____

Owner of Building or Lessor: _____ Phone #: _____

Local Emergency Contact (cannot be business owner): _____ Phone #: _____



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DETAILED BUSINESS DESCRIPTION TO INCLUDE WHAT THE LOCATION IS USED FOR(REQUIRED): _____

Is Unit on Septic System: ☐ Yes ☐ No

Check One (if applicable): ☐ New Business ☐ Relocation (only within Cape Coral) ☐ Expansion (only within Cape Coral)

Other Location in Cape Coral : ☐ Yes ☐ No Address of Location: _____

CU/ZCC # of Other Location: _____

Prior Location a Home Based Business ☐ Yes ☐ No Address of Location: _____

CU/ZCC/BTR # of Other Location: _____

Has the location been vacant: ☐ Yes ☐ No If Yes, how long? _____

of Employees including Business Owner: _____ # of company vehicles: _____

Restaurant/Assembly Seating Capacity (if applicable): _____

Outdoor Seating Capacity (if applicable): _____ Outdoor Display Area (if applicable): ☐ Yes ☐ No

Remodeling (Electrical/Plumbing) : ☐ Yes ☐ No If yes, Permit #: _____

Final Inspection Date: _____

Is any portion of your net floor area or gross revenue derived from sexually oriented items/activities?

☐ Yes ☐ No If yes, what percentage? _____



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You must sign in your corporate capacity if the business is under a LLC, Trust, LP, or similar business entity

APPLICANT SIGNATURE

The information on this application is true and complete to the best of my knowledge.

Printed Name

Title (Owner, President, VP, etc.)

Signature

Date

LOCAL BUSINESS TAX INFORMATION

FED Tax ID or SS#: _____

Do you currently have a local business tax receipt or license in the City of Cape Coral? ☐ Yes ☐ No

If yes, what is the receipt or license numbers? _____

Do you have or have you applied for: *Fictitious Name* ☐ Yes ☐ No *Corp Papers* ☐ Yes ☐ No *State License* ☐ Yes ☐ No

Date Applied: _____

ADDITIONAL INFORMATION (IF APPLICABLE)

COIN OPERATED MACHINES: ☐ Yes ☐ No (State type of machine, how many, location of machines, and the amount of money

to activate the machine): _____

INSURANCE OFFICES: (List companies represented) _____

GAS STATIONS: Number of Pumps: _____ Number of Bays: _____

If such a business is conducted from a vehicle, state the number of vehicles used: _____

FOR OFFICE USE ONLY

ZCC#: _____ Date: _____ CSR: _____