



HILLSBOROUGH COUNTY CODE ENFORCEMENT LOCKSMITH SERVICES BUSINESS LICENSE APPLICATION

- | | |
|--|--|
| <input type="checkbox"/> License Application | <input type="checkbox"/> Adding Location |
| <input type="checkbox"/> Relocation | <input type="checkbox"/> Change of Ownership |
| <input type="checkbox"/> Other: _____ | |

SECTION A: BUSINESS OFFICE INFORMATION:

1. Corporate or Legal Name of Business: _____
2. Fictitious Name or Doing Business As: _____
3. Primary Physical Address: _____
- 3a. Additional Locations: _____

4. Mailing Address: _____
5. Business Telephone Number(s): _____
6. Business Fax Number(s): _____
7. Name of Business Designated Contact: _____
Designated Contact's Email Address: _____
*NOTE – Correspondence from Hillsborough County regarding the application and license will be sent to this email address.
8. Florida Department of Revenue Sales Tax Certificate number (If applicable): _____
9. Does the business have a current, valid Hillsborough County or other applicable business tax receipt?
If yes, provide account number on certificate here: _____ Yes No

SECTION B: BUSINESS OWNER INFORMATION:

1. Business Owner Name: _____
2. Business Owner Address: _____
3. Business Owner Phone Numbers: Home _____ Cell: _____
4. Business Owner Email Address: _____

SECTION C: LOCKSMITH SERVICE EMPLOYEE INFORMATION:

(Please refer to Section 5 of Ordinance 13-29 to determine which offenses are considered disqualifying felonies.)

| Employee Name | Date of Birth | Home Address | Conviction/ Guilty or nolo contendere plea to disqualifying felony | Does this employee perform locksmith services? |
|------------------|---------------|--------------|--|--|
| (Business Owner) | | | Y <input type="checkbox"/> N <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> |
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If anyone listed on the employee list above has lived outside of the State of Florida in the last 7 years, please complete Section F which can be found on the Consumer Protection Website.

If Yes was checked for criminal convictions or pleas, use this section to explain the convictions or pleas.

| Name of Employee | Date of Conviction(s) | Location(s) | Charge(s) | Adjudication | Sentence |
|------------------|-----------------------|-------------|-----------|--------------|----------|
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SECTION D: LIABILITY INSURANCE ATTESTATION:

As the owner of a locksmith services business, I am aware that my business must maintain current and valid commercial general liability insurance coverage of at least \$500,000 per incident for loss or damages resulting from the negligence of the locksmith services business or any person it employs to perform locksmith services, other employees, or agents. I am also aware that I must provide proof of coverage to the Hillsborough County Code Enforcement upon request. Yes No

SECTION E: BUSINESS OWNER AUTHORIZATION AND CERTIFICATION:

Pursuant to Hillsborough County Ordinance 13-29, I understand and agree that I may be asked to provide additional information once my application has been reviewed as a requirement to the issuance of a locksmith license. I also agree to keep records associated with this application available for inspection by Code Enforcement upon request. Once a license has been issued, I agree to provide any supplemental information that may be requested by the Code Enforcement Department, and to update the locksmith license application within ten (10) days of any changes to the information in this application.

Having been duly sworn, I certify that the foregoing statements are all true, complete and accurate. I understand and agree that any false, misleading, inaccurate, or incomplete statements and/or attachments may result in the denial or revocation of a Locksmith Services Business License.

Business Owner Signature
(before a notary)

Print Name

Notary Certification:

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and did take an oath.

Notary Signature

Notary Seal:

Printed Name of Notary