



## LAND USE AND ZONING CERTIFICATE: NON-RESIDENTIAL

LDC subsection 10.02.06 B.1.f

### Chapter 4 K. of the Administrative Code

Please fill out this form as completely as possible, if you don't know the answer, indicate "unknown", if the item doesn't apply, indicate "not applicable" or "N/A". Your application can not be processed without all of the necessary information. Zoning approval of this application can be expedited if a site plan of the property to be occupied showing parking and surrounding uses is submitted with the application.

Zoning Certificate #: PL20180002324 ☐ Relocating Existing Business ☒ New Business

Additional development orders may be required by the County for any changes in use and/or interior and exterior remodeling. Please be advised that Impact Fees may be due at time of Building Permit. Please contact Impact Fee Administration at (239) 252-2991 and Public Utilities at (239) 252-6237 to verify if any impact fee will be assessed. (Applicant's Initials): [Signature]

### APPLICANT CONTACT INFORMATION

Name of Applicant(s): CALEB GOING  
Address: 9737 TRANQUILITY LAKE CIR APT III City: RIVERVIEW State: FL ZIP: 33578  
Telephone: (813) 682-9333 Cell: (813) 682-9333 Fax: N/A  
E-Mail Address: GOING@O'REILLYAUTO.COM

### BUSINESS & USE INFORMATION

Business Owner or Qualifier's Name: O'REILLY AUTOMOTIVE STORES INC.  
Business Name: O'REILLY AUTO PARTS #5328 Business Phone: 239-302-3217  
Business Address: 3608 TAMIAMI TRAIL E City: NAPLES State: FL ZIP: 34112-6220  
Property Owner or Leasing Agent Name: EPIC RETAIL 41 SEMINOLE, LLC Complex Name (if any): \_\_\_\_\_  
Type of Business: RETAIL AND WHOLESALE AUTO PARTS AND RELATED SUPPLIES.  
Type and Name of Business Previously or Presently Occupying Location: NEW BUILD  
If Vacant, Provide Length of Vacancy: \_\_\_\_\_

Check below if the business is any of the following business types\*:

- ☐ Restaurant/Eating Places (SIC 5812)
- ☐ Bar/Night Club/Drinking Places (SIC 5813) – will require a distance waiver.
- ☐ Restaurant/Bar with 150 seats or more

\*Alcohol Licenses will not be signed off by the Planning and Zoning Department until the Business Tax Receipt has been issued. If the license is for consumption on premises, a floor plan will be required showing the location of all serving areas and seating.



### BUILDING INFORMATION

Building Type: ☒ Single-Occupancy Building ☐ Retail Shopping Center ☐ Office/Professional/Business Center

Building Use, Indicate the approximate square footage the unit or building is used for:

Retail: 3330 Storage: Office: 100

Manufacturing / Repair: N/A Other, describe:

Total Building Floor Area: 7650

Auto Repair/Service Station: N/A # of Bays

Restaurant/Church/Beauty Salon: N/A # of Seats

Number of Parking Space for Building / Complex: 34 (If over 100 spaces state "common")

Number of parking spaces available for unit, if specified:

I declare under penalty of perjury the foregoing facts are true and correct to the best of my knowledge.

Applicant Signature

Date

7/20/18

\* Zoning Certificate Review Fee \$125.00 (checks payable to: "Board of County Commissioners")

### The following to be completed by County Staff:

SIC #: 5531 Zoning: C3 Property ID #: 74410400006

Building Permit #: PRBD20170831140 (if available) SDP #: PL20170002109 (if available)

Site Visit Required: ☐ Yes ☒ No

Comments/Restrictions:

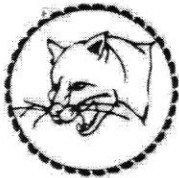
Use permitted. Parking ok. Pending finalized building and planning projects.

☒ Approved ☐ Hold ☐ Denied

Planner

Date

7/20/2018



# COLLIER COUNTY BUSINESS TAX RECEIPT APPLICATION



2800 N. Horseshoe Drive, Naples, FL 34104  
Make Check Payable to: Collier County Tax Collector  
Phone: 239-252-2477 Fax: 239-643-4788 Website: www.colliertax.com

## CHECKLIST

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Copy of Articles of Incorporation and/or Fictitious letter from the State stating that your business name is on file. (850-245-6052 or 6058) www.sunbiz.org | <input checked="" type="checkbox"/> Yellow Fire Compliance (list of fire district phone number enclosed)  |
| <input type="checkbox"/> Copy of State license from Department of Business and Professional (850-487-1395) or Department of Health. (850-488-0595)  | <input type="checkbox"/> Copy of Marco Zoning Certificate. (239-389-5000)   |
| <input type="checkbox"/> Copy of City Business Tax Receipt. (239-213-1800)  | <input checked="" type="checkbox"/> Completed Zoning application with appropriate fee made payable to: Board of County Commissioners. (239-252-5603) <b>\$125</b>             |
| <input type="checkbox"/> Copy of Motor Vehicle Repair Registration Certificate from Department of Agriculture. (800-435-7352)   | <input checked="" type="checkbox"/> Completed Business Tax Receipt application with appropriate fee made payable to: Collier County Tax Collector. (239-252-2477) <b>\$30</b> |
| <input type="checkbox"/> Copy of Health inspection from Department of Hotels and Restaurants (850-487-1395) or Department of Agriculture. (800-435-7352)  | <input type="checkbox"/> Other: _____   |
|   | <input checked="" type="checkbox"/> Please contact the Property Appraiser's office at 239-252-8145 regarding tangible tax.  |

## CHECK ONE:

- |  |                               |
|--|-------------------------------|
| <input checked="" type="checkbox"/> Original Application _____ | Date: <u>7/19/18</u>          |
| <input type="checkbox"/> Transfer of License # _____           | Classification <u>Retail</u>  |
| <input type="checkbox"/> Renewal of License # _____            | Code Number <u>039-000-01</u> |
|  | License Amount _____          |

- 1) **CORPORATE/LLC NAME** O'REILLY AUTOMOTIVE STORES INC.
- 1a) **DBA (FICTITIOUS) NAME** O'REILLY AUTO PARTS #5328
- 1b) **BUSINESS OWNER OR QUALIFIER'S NAME -** TOM MCFALL
- 2) **PHYSICAL ADDRESS -** 3608 TAMIAMI TRAIL E NAPLES, FL 34112  
(No P.O. Box allowed)
- 2a) **IS RESIDENCE USED AS AN OFFICE -** Yes ☐ No ☒
- 3) **BUSINESS MAILING ADDRESS -** TAX DEPT PO BOX 9167 SPRINGFIELD, MO 65801  
Street City Zip
- 4) **OWNER OR QUALIFIER'S RESIDENTIAL ADDRESS -** 233 S PATTERSON SPRINGFIELD MO 65802
- 5) **TELEPHONE - Business:** 239-302-3217 **Home:** 417-862-2674 X 4683
- 6) **LEGAL FORM OF BUSINESS:** Sole Proprietorship ☐ Partnership ☒ Corporation ☐ LLC ☐ LLP
- 7) **OPENING DATE OF BUSINESS OR DATE ASSUMED -** 07/21/2018
- 8) **OFFICE WITHIN CITY LIMITS OF NAPLES -** Yes ☐ No ☒ If Yes, City License No. \_\_\_\_\_
- 9) **SOCIAL SECURITY NO.** \_\_\_\_\_ **or** **FEDERAL EMPLOYER IDENTIFICATION NO.** 44 - 0618012 \*see back of application for explanation
- 9a) **TYPE OF BUSINESS CONDUCTED:** RETAIL & WHOLESALE AUTO PARTS & RELATED SUPPLIES.
- 10) **NUMBER OF EMPLOYEES -** Including number of owners: 8
- 11) **WILL THE BUSINESS STORE, HANDLE, USE, OR GENERATE ANY AMOUNT OF HAZARDOUS SUBSTANCES OR HAZARDOUS WASTES? (fuels/oils, paints, solvents, chemicals, etc.)**  
☒ Yes ☐ No
- 12) **FILL IN THE APPROPRIATE AREAS -**
  - a) Rental units (motel/hotel/apts.) Number of units: \_\_\_\_\_
  - b) Seating Capacity (rest./cafes, etc) Number of seats: \_\_\_\_\_
  - c) Number of coin-operated machines owned by business or individual: \_\_\_\_\_
- 13) **STATE LICENSE OR CERTIFICATION NUMBER -** \_\_\_\_\_  
Must have photo copy of state license if state licensed and certified

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

xxxAPPLICANT'S SIGNATURE: [Signature] DATE: 07/13/2018  
(Owner and/or representative of business) TITLE: EXECUTIVE VP/CFO

\*\*\*\*THIS LICENSE IS NON-REFUNDABLE FOR BUSINESS STATED ABOVE\*\*\*\*

**SECTION A, B, AND C FOR OFFICE USE ONLY**

**THIS SECTION TO BE FILLED OUT BY CONTRACTORS/BCC LICENSING BOARD**  
**SECTION A**

Classification of Contractor: \_\_\_\_\_ County Certification Number: \_\_\_\_\_

Department Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PLANNING SERVICES**  
**SECTION B**

\_\_\_\_\_ Business is an in-home occupation and the applicant has agreed to adhere to the requirements as set forth in the Collier County Zoning Ordinance.

☒ Business **DOES COMPLY** with the Collier County Zoning Ordinance. **PROPERTY ZONED** C3

Signed: Tim Paul Title: Planner Date: 7/20/2018

Comments: Use Permitted. Parking ok. Pending  
finalized building + planning projects.  
PRBD20170831140 + PL20170002109

**THIS SECTION TO BE COMPLETED BY THE HEALTH DEPARTMENT**  
**SECTION C**

\_\_\_\_\_ Business **DOES COMPLY** with the local and/or State requirements.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\* In accordance with Florida Statute 205.0535(5), we require you to provide us with either a Federal Employer Identification Number (FEIN) or a Social Security number.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Foreign Profit Corporation

O'REILLY AUTOMOTIVE STORES, INC.

### Filing Information

<b>Document Number</b>	F03000003101
<b>FEI/EIN Number</b>	44-0618012
<b>Date Filed</b>	06/16/2003
<b>State</b>	MO
<b>Status</b>	ACTIVE
<b>Last Event</b>	NAME CHANGE AMENDMENT
<b>Event Date Filed</b>	01/10/2011
<b>Event Effective Date</b>	NONE

### Principal Address

233 S PATTERSON AVE  
SPRINGFIELD, MO 65802

Changed: 03/25/2010

### Mailing Address

PO BOX 1156  
ATTN: TAX DEPT  
SPRINGFIELD, MO 65801

Changed: 01/10/2017

### Registered Agent Name & Address

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Name Changed: 09/07/2005

Address Changed: 09/07/2005

### Officer/Director Detail

#### **Name & Address**

Title CEO

HENSLEE, GREG  
233 S PATTERSON AVE  
SPRINGFIELD, MO 65802

# State of Florida



## Department of State

I certify from the records of this office that O'REILLY AUTO PARTS is a Fictitious Name registered with the Department of State on March 17, 2009.

The Registration Number of this Fictitious Name is G09076900319.


I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Seventeenth day of March, 2009



CR2EO22 (01-07)

  
Kurt S. Browning  
Secretary of State