



**Application for Business
Tax Receipt**

Full Name:	Home Address:		
Driver License #:	Date of Birth:		
Phone Number:	Email:		
Name of Business:	Federal ID:		
Business Physical Address:	Business Mailing Address:		
Business Type/Service Being Offered:			
Insurance Carrier/Agent:			
Total Square Footage of Premises/Unit:	Total Number of Workers: (Include all full & part time personnel, inclusive of non-professionals, principals & partners, etc.)	Total Number of Vehicles: (Includes cars, trucks, vans, boats, trailers, cargo or house trailers, motorcycles, bikes or scooters in operation of business)	Total Number of Seats: Inside: _____ Outside: _____
Dollar (\$) Amount of Inventory (per \$1,000) Times \$3.00 per \$1,000	\$ _____ x \$3.00 Total \$ _____	Veterans Exemption _____ Veterans claiming exemption must furnish proof of honorable discharge & proof of 10% Disability or greater on VA letterhead.	Over 65 Exemption _____ Applicants sign the additional certification below & furnish proof of date of birth.
Total Number & Type of Rental Units:	Total Number of Coin Operated Machines:	Self-Serve Laundry Machines:	Adult Congregate Living Facilities:
Residential: _____ Commercial: _____	# of Vending Machines: _____ # of Music & Amusement Machines: _____	Washers: _____ Dryers: _____ Dry Cleaning: _____	# of Caregivers: _____ # of Residents: _____

Application is hereby made for a business tax receipt for the privilege of engaging in the business, profession or occupation herein described and I swear/affirm that all information furnished by me in this is true and correct. The above name of the business meets the criteria of filing for either a fictitious name or a corporation name. If I have not registered with the State of Florida, Division of Corporations this fictitious or corporation name, I will file the appropriate paperwork with that agency to register the fictitious or corporation name.

Signature

I certify that I do not have in excess of \$1,000 worth of capital or more than one employee in my business.

Signature

OFFICE USE ONLY					
Zoning	Police	Building	Fire		
Transportation Impact Fee			Maximum Occupant Load		
Restrictions					
Employees	Square Feet	Admin Fee	Fire	Total	
License #	Control #	Date	Receipt #		
Classification		Classification Code			