



<b>FOR OFFICE USE ONLY</b>	
<b>Business Tax Receipt No:</b>	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Business Tax Receipt Application**

**PLEASE PRINT OR TYPE (BLACK / BLUE INK ONLY) NO CORRECTION FLUID ALLOWED**

1. Business Name \_\_\_\_\_ Business Telephone: \_\_\_\_\_  
 Fictitious Name/D.B.A.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

2. Business Location: \_\_\_\_\_ F.E.I. Number: \_\_\_\_\_  
 Unit No.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Folio No.: \_\_\_\_\_

3. Mailing Address (if different from Business Location): \_\_\_\_\_

4. Name of the Applicant/Business Owner: \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Applicant's Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

5. Emergency Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

6. Name of Members/Officers of the Corporation, LLC, LP, Fictitious Name etc. (President, V.P., MGR, etc.)

Name	Title	Telephone	E-Mail
_____	_____	_____	_____
_____	_____	_____	_____

7. Please describe in detail the nature or type of business, occupation or profession to be conducted, and/or services to be provided: \_\_\_\_\_

Type of Business Manufacturer Wholesale Retail Service Other \_\_\_\_\_

Business Start/Opening Date: \_\_\_\_\_ No. of employees (including management): \_\_\_\_\_

No. of parking spaces exclusive for this business: \_\_\_\_\_ Square footage: \_\_\_\_\_

No. of Beds: \_\_\_\_\_ No. of Rooms/Units: \_\_\_\_\_ Amount of inventory: \_\_\_\_\_  
 (Hospitals/ALFs) (Hotels/Motels/Apartment Building) (Retail/Wholesale/Distribution)

No. of Seats/work stations/ units: \_\_\_\_\_ Seating capacity: \_\_\_\_\_ No. of Cars: \_\_\_\_\_  
 (Barbershops/Salons/Dental offices) (Restaurants/Theater) (Automotive)

If business is operated from vehicle: No. of vehicles \_\_\_\_\_ Vehicle's Registration No.: \_\_\_\_\_



**FOR OFFICE USE ONLY**  
**Business Tax Receipt No:**  
 \_   
 \_

**WILL THIS BUSINESS:**

- ◆ Be a professional association? .....  NO.  YES. If yes, then No. of professionals: \_\_\_\_\_
- ◆ Be sharing space with another business? .....  NO.  YES.
- ◆ Have a door-to-door or mobile business? .....  NO.  YES.
- ◆ Operate from home? .....  NO.  YES.
- ◆ Require license or permit from the State or a regulatory agency? .....  NO.  YES.
- ◆ Serve alcoholic beverages? .....  NO.  YES.
- ◆ Serve food? .....  NO.  YES.
- ◆ Sell tobacco products? .....  NO.  YES.
- ◆ Deal with hazardous materials? .....  NO.  YES.
- ◆ Require renovations, construction .....  NO.  YES. If yes, please describe work (space below) work and/or physical/structural alterations to the business premises? \_\_\_\_\_  
 \_\_\_\_\_

**I certify, under penalty of law, that the above information is true and correct, to the best of my knowledge, and I understand that any false statements could result in penalties as provided by law.**

\_\_\_\_\_  
 TITLE OF APPLICANT      NAME OF APPLICANT      SIGNATURE AND SEAL      DATE

**FOR OFFICE USE ONLY**

<p><b>TYPE OF APPLICATION</b></p> <input type="checkbox"/> New <input type="checkbox"/> Transfer Location <input type="checkbox"/> Change of Name/Mailing Address <input type="checkbox"/> Change in ownership. <input type="checkbox"/> Other: _____	<p><b>REVIEWS NEEDED</b></p> <input type="checkbox"/> Planning and Zoning By: _____ Date: _____ <input type="checkbox"/> Building By: _____ Date: _____ <input type="checkbox"/> Fire By: _____ Date: _____ <input type="checkbox"/> Public Works By: _____ Date: _____ <input type="checkbox"/> D.E.R.M.
<p><b>ATTACHMENTS</b></p> <input type="checkbox"/> Zoning Review <input type="checkbox"/> Driver's License <input type="checkbox"/> State License <input type="checkbox"/> Articles of Corp <input type="checkbox"/> Other: _____ <input type="checkbox"/> Building Review <input type="checkbox"/> Agricul.-Hotels-Rest <input type="checkbox"/> CC Dade <input type="checkbox"/> Lease Agreement/Deed <input type="checkbox"/> Other: _____ <input type="checkbox"/> D.E.R.M. <input type="checkbox"/> Notarized Bill of Sale <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord's Letter <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fire Inspection <input type="checkbox"/> AHCA/DCF <input type="checkbox"/> Vehicle Registration <input type="checkbox"/> Solid Waste Pick-up <input type="checkbox"/> Other: _____	<p><b>BTR Fee:</b> _____      <b>Zoning Review Fee:</b> _____  <b>Transfer Fee:</b> _____      <b>Building Review Fee:</b> _____  <b>Other:</b> _____      <b>Fire Inspection Fee:</b> _____</p>
<p style="border: 1px solid black; padding: 5px; text-align: center;">ZONING CLASSIFICATION</p>	<p>Application processed by _____ Date _____          Finalized by _____ Date _____</p>
<p style="border: 1px solid black; padding: 5px; text-align: center;">FBC CLASSIFICATION OF USE</p>	