



FOR OFFICE USE ONLY											
Business Tax Receipt No:											
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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.: _____



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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

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<p>TYPE OF APPLICATION</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>REVIEWS NEEDED</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>ATTACHMENTS</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>BTR Fee: _____ Zoning Review Fee: _____ Transfer Fee: _____ Building Review Fee: _____ Other: _____ Fire Inspection Fee: _____</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>	