



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 _____ Date of Application _____

Owner's Name/Corporation Name _____

2. Location of Business _____
 ADDRESS BAY, SUITE, APT. NO., CITY, ZIP TELEPHONE

Mailing Address _____
 (If different from above) ADDRESS BAY, SUITE, APT. NO., CITY, ZIP FAX: TELEPHONE

3. Driver's License # _____ Date of Birth _____ Expiration Date _____

4. Name of Member/Officer of the Corporation, LLC, LP, Fictitious Name etc. (President, V.P., MGR, etc.)

Name _____ Cell-Phone _____
 Home Address _____ City _____ Zip _____ Home Phone _____
 Emergency Contact _____ Telephone: _____
 E-Mail Address: _____

5. Type of Business Manufacturer Wholesale Retail Service Other _____
SPECIFIC Products or Services: _____

6. Number of seats, work stations or units: _____ Square feet of Property/Warehouse _____
 Amount of Inventory _____ Number of employees [] [] []
 TOTAL FEMALE MALE

7. If Business is operated from vehicle: Number of vehicles _____ Registration No.'s _____

I affirm that the above is true and correct to the best of my knowledge. I am aware of penalties and/or revocation of license for false statements.

_____ TITLE OF APPLICANT NAME OF APPLICANT SIGNATURE AND SEAL DATE

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Type <input type="checkbox"/> New <input type="checkbox"/> Transfer: _____ <input type="checkbox"/> Change of Name/Mailing Address <input type="checkbox"/> _____	Zoning Review <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Building Review Required: Y/N <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Zone Review <input type="checkbox"/> Fire Inspection <input type="checkbox"/> D.E.R.M. <input type="checkbox"/> Articles of Corp	<input type="checkbox"/> Driver's License <input type="checkbox"/> Agricul.-Hotels-Rest <input type="checkbox"/> Notarized Bill of Sale <input type="checkbox"/> AHCA	<input type="checkbox"/> State License <input type="checkbox"/> CC Dade <input type="checkbox"/> Insurance <input type="checkbox"/> Vehicle Registration
Application processed by _____ Date _____		BTR Fee: _____ Transfer Fee: _____ Fire Fee: _____