



FOR OFFICE USE ONLY	
Business Tax Receipt No:	
<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. Professional's Name _____ Business Telephone: _____

2. Name of Business/Office: _____ E-Mail: _____

F.E.I. Number of the Business: _____

3. Business Location: _____ Folio No.: _____

Unit No.: _____ City: _____ State: _____ Zip Code: _____

4. Mailing Address (if different from Business Location): _____

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

Applicant's Mailing Address: _____ Telephone: _____ E-Mail: _____

5. Emergency Contact Person: _____ Telephone: _____ E-Mail: _____

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

No. of employees (including management): _____ Square footage: _____

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 DATE

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<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Transfer Location</p> <p><input type="checkbox"/> Change of Name/Mailing Address</p> <p><input type="checkbox"/> Change in ownership.</p> <p><input type="checkbox"/> Other: _____</p>	<p>REVIEWS NEEDED</p> <p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Office D.E.R.M. Approval</p>	<p>BTR Fee: _____</p> <p>Transfer Fee: _____</p>
<p>ATTACHMENTS</p> <p><input type="checkbox"/> Driver's License <input type="checkbox"/> State License <input type="checkbox"/> Articles of Corp <input type="checkbox"/> F.E.I Number</p>		
<p>Application processed by _____ Date _____</p>		