

CITY OF FELLSMERE  
21 S. CYPRESS STREET  
FELLSMERE, FLORIDA 32948

LOCAL BUSINESS TAX RECEIPT RENEWAL APPLICATION

All businesses are required to pay the local business tax. All Local Business Tax Receipts must be displayed on the premises. For businesses not having a fixed address within the City, the Receipt must be carried on the person. Any business operating without a business tax receipt shall be penalized in accordance with the City Code.

Date: \_\_\_\_\_

(Please type or print clearly)

Applicant's Name: \_\_\_\_\_

Name of Business (including fictitious name): \_\_\_\_\_

Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Location of Business: Home  Warehouse  Other (Explain) \_\_\_\_\_

If applicable to Business, please fill-in the appropriate space(s) below:

Number of:

Employees, partners, officers, other than self (full or part-time): \_\_\_\_\_

Rental units (office, storage, apartments, hotel, motel, Mobile Home Park, etc.): \_\_\_\_\_

Seats (theaters/restaurants): \_\_\_\_\_ screens (theater): \_\_\_\_\_ stations (repair shop): \_\_\_\_\_

Vendors (flea market): \_\_\_\_\_ chairs/stations (barbershop, beauty shop, manicurist or cosmetologist): \_\_\_\_\_

Non-employees (licensed barber, beautician, manicurist, and cosmetologist): \_\_\_\_\_ dryers (Laundromat): \_\_\_\_\_

wash machines (Laundromat): \_\_\_\_\_ Pumps (service station): \_\_\_\_\_ coin operated machines: \_\_\_\_\_

Occupancy (restaurant/bar): \_\_\_\_\_ Square footage (grocery stores): \_\_\_\_\_

Propane sales: Yes  (Applicant will be subject to a 10% utility tax) No  Deli: Yes  No

Other: \_\_\_\_\_

Have you ever had a City of Fellsmere Business Tax Receipt suspended or revoked? Yes  No

This information is given freely and voluntarily and all information contained in this Application is true and correct. (Applicant, please fill in the box contained on page 2 if the information requested therein has changed).

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

State of Florida Driver's License Number: \_\_\_\_\_

Owner(s) Social Security Number(s): \_\_\_\_\_ OR

Owner(s) FEIN (Federal Employer Identification Number): \_\_\_\_\_ (required by Chapter 205, Florida Statutes)

THIS SECTION FOR OFFICE USE ONLY

Category: \_\_\_\_\_

Total Tax: \_\_\_\_\_

License Number: \_\_\_\_\_

Penalty: \_\_\_\_\_

Date Application was received: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_