

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

LOCAL BUSINESS TAX RECEIPT APPLICATION

All businesses are required to pay the local business tax. Local Business Tax Receipts applied for after starting a business are subject to a penalty. 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: _____ Date Requesting to Open: _____

New Business Name/Transfer or Owner/Transfer Update

(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

If applicable, please provide the following documents:

Copy of State License

Articles of Incorporation

Fictitious Name Registration

Certificate of Liability Insurance

Workmen's Compensation Insurance (if exempt, must have documentation)

Contact person- Name: _____ Phone: _____

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).

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: _____

5/1/09