

City of Fellsmere
22 S. Orange Street
Fellsmere, FL 32948

APPLICATION TO AMEND BUSINESS TAX RECEIPT

No person shall knowingly make a false statement in this Application to Amend Business Tax Receipt. Pursuant to Section 22-35 of the Fellsmere Code of Ordinances, an applicant shall have ten (10) days to amend information contained in its business tax receipt.

Name of Applicant: _____

Current Business Tax Receipt No. _____

COMPLETE IF CHANGE IN CONTACT PERSON/INFORMATION

Name (Contact Person) _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email Address _____ Telephone Number _____

COMPLETE IF CHANGE IN BUSINESS NAME/INFORMATION

Name of Business _____

(Fictitious name issued under the fictitious name statute of the State of Florida)

Address of Business _____

City _____ State _____ Zip Code _____

Nature of Business _____

Social Security or Employer Identification Number: _____ (required by Chapter 205, Florida Statutes)

Has the Business ever had a local business tax receipt revoked or suspended Yes No

COMPLETE IF CHANGE IN QUANTITY/NATURE OF BUSINESS TRANSACTED

If applicable to Business, please fill in the appropriate space(s) below with the number of each item described.

Entertainment: number of vendors _____	Campground/RV Park/Mobile _____
Carnivals, Circus or the like: number of days _____	Gas Station: number of pumps _____
Motion Picture: number of screens _____	Home Park: number of rental spaces _____
Sightseeing Vehicle: number of vehicles _____	Automotive Repair: number of repair bays _____
Amusement Park: number of rides, events, etc. _____	Parking Lot: number of rental spaces _____
Coin Operated Machines: number of machines _____	Flea Market: number of vendor spaces _____
ATM: number of machines _____	Grocery Store: gross square footage _____
Peddling Vehicle: number of vehicles _____	Barber/Beauty Shop: number of chairs _____
Restaurant/Bar: occupancy of establishment _____	plus # of non-employee licensed operators _____
Commercial Rental: number of rental units _____	Non-Profit Events: number of vendors _____
Apartment/Home Rental: number of rental units _____	Storage/Warehouse: number of rental units _____
Rental Units: number of units _____	Hotel/Motel: number of rental units _____
Propane Sales: Yes No	Deli: Yes No

The applicant shall furnish all other information requested by the City of Fellsmere as deemed necessary for its determination of the appropriate business tax receipt and the amount of said business tax applicable thereto.

STATEMENT: This information is given freely and voluntarily, and all the information contained in this application is true and correct.

 Print Name

 Title

 Signature

 Date

----- Do not write below this line -----

Date Application Received _____	Total Tax _____	BTR Number _____
Category _____	Total Penalty Due _____	Zoning Compliance _____
Date BTR Issued _____	Date Paid/Receipt # _____	Date of Inspection (if required) _____
Restrictions/Comments _____		

Additional Submittal Requirements _____