

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

**Application for Business Tax Receipt**

No person shall engage in any activities for which a local business tax receipt is required unless such person has a valid local business tax receipt issued by the city. No person shall knowingly make a false statement in the local business tax receipt application as to conditions or facts upon which the fee is based. All applicants for local business tax receipts shall submit their applications to the Community Development Department not less than two weeks prior to the commencement of the proposed business.

Application Type:    New Business\_\_\_\_    Business Transfer\_\_\_\_    Update\_\_\_\_    Renewal\_\_\_\_

Name (Contact Person)\_\_\_\_\_ Title\_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Email Address\_\_\_\_\_ Telephone Number\_\_\_\_\_

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

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 _____
Total number of commercial use only vehicles _____	Propane Sales:    Yes    No    Deli:    Yes    No

If applicable, please provide the following documents:

- Fictitious name registration issued by the Division of Corporations of Department of State
- Articles of Incorporation
- Certificate of Liability Insurance
- Workers Compensation Insurance or exemption
- Name, address and phone number of all corporate entities, limited liability companies, partnerships, sole proprietors, owners, partners, and managing members not listed above having an ownership interest in the business.
- State License (see reverse for required licenses that must be provided).

The applicant shall furnish all other information requested by the community development director 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_____	License Number_____
Category_____	Total Penalty Due_____	Zoning Compliance_____
Date BTR Issued_____	Date Paid/Receipt #_____	Date of Inspection (if required)_____
Restrictions/Comments_____		

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**Additional Submittal Requirements**

- Professions regulated by the Department of Business and Professional Regulation, the Florida Supreme Court, or any other state regulatory agency - submit an active state certificate, registration, or license, or proof of issuance of same.
- Pharmacy – submit a current permit issued by the Board of Pharmacy. A local business tax receipt is not required in order to practice the profession of pharmacy.
- Pest control business regulated by F.S. ch. 482 - submit proof of issuance of a license from the Department Of Agriculture And Consumer Services.
- Assisted Living Facility pursuant to F.S. ch. 429 - submit proof of issuance of a license from the Agency For Health Care Administration.
- Health studio pursuant to F.S. §§ 501.012 through 501.019 or a ballroom dance studio pursuant to F.S. § 501.143 – submit a current license, registration, or letter of exemption from the Department Of Agriculture And Consumer Services.
- Seller of travel pursuant to part XI of F.S. ch. 559 - submit a current registration or letter of exemption from the Department Of Agriculture And Consumer Services.
- Telemarketing business under F.S. §§ 501.604 and 501.608 - submit a current license or registration from the Department Of Agriculture And Consumer Services or a current affidavit of exemption.
- Mover or moving broker under F.S. ch. 507 - submit a current registration from the Department Of Agriculture And Consumer Services.
- Residential rental properties must obtain a Rental Registration from the City of Fellsmere prior to the issuance of a Business Tax Receipt.
- Amusement or game machine, or a coin operated or token operated vending machine that dispenses products, merchandise, or services, must secure a business tax receipt for the machines pursuant to F.S. § 205.0537, as amended. The business tax for these machines shall be assessed based on the highest number of machines located on the business premises on any single day during the previous receipted year, or if a new business, be based on an estimate for the current year.
- Transfer of an existing local business tax receipt - submit a copy of the applicant's current fictitious name registration issued by the state division of corporations or a written statement signed by the applicant setting forth the reason that the applicant need not comply with the Fictitious Name Act.
- Change of use for the property to be occupied or such property has been unoccupied for one year or more shall first be inspected by the Fire Official prior to the issuance of a Business Tax Receipt.