

CITY OF SAFETY HARBOR

LOCAL BUSINESS TAX RECEIPT APPLICATION

750 Main Street, Safety Harbor, FL 34695

(727)724-1515

Please check one:

1. POST OFFICE BOX ONLY ()
2. NEW BUSINESS NAME (TRANSFER) IN SAME LOCATION AND SAME USE ()
3. BUSINESS LOCATION CHANGE (). PRIOR ADDRESS _____
4. NEW BUSINESS ()
5. RESTAURANT USE IN A SPACE THAT WAS A RESTAURANT ()
6. HOME BASED BUSINESS ()

***** It is our recommendation to make sure beforehand (before you sign any contracts or lease) to check with our zoning department to make sure your business type is allowed at address*****

- 1. Please attach proof of business name from Sun Biz with this application.**
- 2. If applicable, attach a copy of your state license.**
- 3. A separate business tax application is required for each business activity.**

Business Name _____

Business Address _____ Suite # _____

Billing Address (if different) _____ Zip _____

Business Phone # _____ Owner Name _____

Owner Address _____ Zip _____

Fed Tax I.D. # _____ Email Address _____

State License # _____ PCCLB # _____

Business Applicant, Qualifier, Partner, or Agent Name _____

Business Organization Type: Sole Owner () Partnership () Corporation () LLC ()

PLEASE CHECK USE CATEGORY THAT APPLIES – DESCRIBE FURTHER IN SECTIONS 2 & 7

<input type="checkbox"/> Administrative Office	<input type="checkbox"/> Media
<input type="checkbox"/> Agency/Agent (See Section 5)	<input type="checkbox"/> Medical
<input type="checkbox"/> Amusement (See Section 1)	<input type="checkbox"/> Merchant
<input type="checkbox"/> Artist/Studio	<input type="checkbox"/> Pawn Broker
<input type="checkbox"/> Auction/Auctioneer	<input type="checkbox"/> Professional (Specify in Section 7)
<input type="checkbox"/> Banking/Finance	<input type="checkbox"/> Rental (See Section 6)
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Repair Shop
<input type="checkbox"/> Lounge/Nightclub (No Food)	<input type="checkbox"/> Restaurant without A/B Permit (See Section 1)
<input type="checkbox"/> Contractor (Specify in Section 7)	<input type="checkbox"/> Restaurant with A/B Permit (See Section 1)
<input type="checkbox"/> Dry Cleaning/Laundry (See Section 6)	<input type="checkbox"/> Schools (Daycare # of Children _____)
<input type="checkbox"/> Gas & Oils (See Section 4)	<input type="checkbox"/> Sales & Repair Services
<input type="checkbox"/> Health & Beauty (See Section 3)	<input type="checkbox"/> Utility Company
<input type="checkbox"/> Cottage Food	<input type="checkbox"/> Unclassified

PLEASE CHECK THE APPROPRIATE CATEGORY AND FILL IN THE SPACES PERTAINING TO YOUR BUSINESS:

SECTION 1

<input type="checkbox"/> Drive in/Drive thru Restaurant	<input type="checkbox"/> Food stand without seats
<input type="checkbox"/> No. of tables in Restaurant _____	<input type="checkbox"/> No. of beds in congregate living homes _____
<input type="checkbox"/> No. of seats in Restaurant _____	<input type="checkbox"/> No. of alleys (bowling) _____
<input type="checkbox"/> No. of coin operated amusement machines _____	<input type="checkbox"/> No. of vending machines _____
<input type="checkbox"/> No. of shuffleboard courts _____	<input type="checkbox"/> No. of billiard tables _____
The restaurant has a grease trap _____ Yes _____ No _____	<input type="checkbox"/> Initials – Staff Confirmation of Grease Trap _____

SECTION 2

_____ No. ATM machines

_____ No. of employees

SECTION 3

_____ No. of chairs (hair salons & barbers)

_____ No. of chairs (nail sculpturing & manicure)

_____ No. of stations (animal groomers)

_____ No. of therapists (massage therapy)

SECTION 4

_____ Wholesale bulk or dealer

_____ Service station

_____ Service station with mini store

_____ Carwash

_____ Wrecker Service

_____ Number of limos

SECTION 5

_____ No. of brokers

_____ No. of salespersons

_____ No. of adjusters

_____ No. of agents

SECTION 6

_____ Vehicle capacity

_____ No. of storage units

_____ No. of rental units (Hotel/Motel/Apt.)

_____ Vehicle rental

_____ Equipment rental

_____ Self-service laundry

_____ Dry cleaning service

_____ Dry cleaning plant/branch

SECTION 7

State character or type of business, profession or occupation:

SECTION 8 – HOME-BASED BUSINESSES ONLY

Home-Based Businesses: _____ # of employees that do not reside in the home

Note: Home-based businesses only fill out page 1-2 of the application.

By completing this application, I agree that the business will abide by all local, county, state, and federal laws that may apply. I understand that should the business be found guilty of a violation of any law, the City of Safety Harbor as provided by city ordinances, may revoke my local business tax receipt.

Date

Signature of Applicant

Change of Occupancy

Changes of occupancy can require renovations and/or parking modifications.

What was the prior use of the space? _____

What was the name of the prior business in the space? _____

Are you planning renovations? Yes ____ No ____ If yes, please describe:

Have you submitted permits to the Building Department? Yes ____ No ____

Do you plan to put up a new sign? Yes ____ No ____

If you are changing the use from what was previously approved, it may require a change of occupancy permit. Most renovations and signs require building permits. Changing from restaurant to restaurant uses require a life safety permit. Future changes to the use of the space require the submittal of an updated business tax form.

Please sign below acknowledging you read the above information.

Signature _____ Date _____

Fictitious Name Affidavit

I hereby attest that I am not required to register my business with the Secretary of State of Florida under the Fictitious Name Act for one of the following:

- ☐ Doing business under my legal name.
- ☐ Business is incorporated and registered with the Secretary of State.
- ☐ Business name is a registered trademark.
- ☐ Exempt due to being licensed by DBPR.
- ☐ Federally chartered Bank.
- ☐ Other _____

Signature _____ Date _____

Print Name _____