

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

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

PLEASE CHECK THE APPROPRIATE CATEGORY AND FILL IN THE SPACES PERTAINING TO YOUR BUSINESS: **SECTION 1**

Drive in/Drive thru Restaurant
No. of tables in Restaurant
No. of seats in Restaurant
No. of coin operated amusement machines
No. of shuffleboard courts
The restaurant has a grease trap _____ Yes _____ No _____

Food stand without seats
No. of beds in congregate living homes
No. of alleys (bowling)
No. of vending machines
No. of billiard tables
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 _____