

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 _____