



Application # _____
Date Recv'd _____

Business Tax Receipt Application
155 Corey Avenue, St Pete Beach, FL 33706
Phone (727) 363-9214 Fax (727) 363-9222

APPLICATION INFORMATION

- Attach a copy of your fictitious name registration referencing your business name.
- If this application is for a change of ownership only on an existing business, attach a copy of the previous owners paid tax receipt to take advantage of discounted transfer fees.
- A floor and parking plan will be required for a new use or change of use.
- A 25% penalty fee is charged if you open for business prior to obtaining your business tax receipt. **(\$50.00 Fire Inspection fee)**
- If a state license is required for your business, please attach a copy.
- If you are applying for a home occupation license, please attach the required home occupation affidavit, along with a notarized letter of authorization from the property owner if applicable. *** Please submit an elevation certificate.**
- You will be called upon completion of application review to discuss requirements and related fees. **Zoning and Building review required.**
Public Works review required for Grease Receptor.

THIS PORTION TO BE COMPLETED BY APPLICANT

Business Name _____ E-MAIL: _____
 Address of Business _____ Bus Phone _____
 Mailing Address for renewal notice _____ Home Phone _____
 Name and address of owner of business _____
 Are you presently open for business? _____ When do you wish to open for business? _____
 Type of business _____ Number of employees _____
 Alterations to site consist of _____

Square Footage _____
SIGNAGE: Do you wish to have signage? YES NO . All signs require a permit. If signage is requested, a separate building permit application shall be submitted by a properly licensed sign contractor to the building department for review prior to any sign permit being issued. Sign information call (727)363-9241.

USAGE/UNIT/FEE INFORMATION: (Please complete if applicable)

Merchant: inventory amount _____ **Restaurant/Lounge:** seating count _____ **Rental Units:** number of units _____ list unit #'s _____
Beauty/Barber Shop: station count _____ **Gas Station:** number of nozzles _____
Marina: number of slips or storage units _____ **Commercial vessels:** number of vessels _____ **Coin Operated Machines:** Vending Machines _____ Game Machines _____ Pool Tables _____ Laundry Machines _____

EMERGENCY INFORMATION: After closing, alternate names, addresses and phone numbers (other than referenced above)

Name _____ Address _____ Phone _____
 Name _____ Address _____ Phone _____

I (please print) _____ being duly authorized to sign for the business named above, hereby make application for the privilege of engaging in business within the City of St Pete Beach, Florida. I further understand that the business will adhere to all laws, statutes and City Ordinances that may apply to the business. I acknowledge that I have read this application, and should the business be found guilty of violation of any law, statute or City Ordinance, the tax receipt may be revoked by the City of St Pete Beach, Florida as outlined in Chapter 78 of the City Code of Ordinances.

APPLICANT SIGNATURE _____ Date _____

Sworn to me this _____ day of _____ 20____ by _____ who is personally known to me or has produced _____ as identification.

Notary Signature