



NEW BUSINESS

ADD/CHANGE CLASSIFICATION

TRANSFER

ADDRESS CHANGE

(A) BUSINESS INFORMATION:**(B) BUSINESS LOCATION INFORMATION:**

BUSINESS NAME:		PHYSICAL ADDRESS:	
MAILING ADDRESS:		COMPLEX NAME:	
CITY:		SRCPA PARCEL ID:	
STATE:	ZIP:	ZONING DESIGNATION:	
TYPE: CORPORATION SOLE PROPRIETOR PARTNERSHIP LLC		FUTURE LAND USE DESIGNATION:	
E-MAIL:		FLOOD ZONE DESIGNATION:	
WEB-SITE:		IS THE LOCATION A CORNER: YES NO	
		IS THE LOCATION ON THE WATER: YES NO	

(C) CITY CLASSIFICATION TYPE:

CLASSIFICATION:	PROFESSIONAL \$100	ASSEMBLY \$75	HEALTHCARE (\$150) \$150	STORAGE \$90
	BUSINESS (\$50) \$50	MERCANTILE BASED ON S.F.	APARTMENT BASED ON # OF UNITS	HOTEL/MOTEL BASED ON # OF UNITS

BRIEF DESCRIPTION OF BUSINESS:

ARE YOU CLAIMING AN EXEMPTION: DISABLED CHARITABLE SENIOR (≥65) DISABLED VETERAN

(D) CLASSIFICATION SPECIFIC INFORMATION:

MERCHANT (S.F. OF UNIT OR BUILDING):	APARTMENT (# OF UNITS):	HOTEL/MOTEL (# OF UNITS):
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(E) BUSINESS OWNER'S INFORMATION:**(F) PROPERTY OWNER'S INFORMATION:**

NAME:		NAME:	
COMPANY NAME:		COMPANY NAME:	
ADDRESS:		ADDRESS:	
ADDRESS 2:		ADDRESS 2:	
CITY:		CITY:	
STATE:		STATE:	
ZIP:	PHONE #:	ZIP:	PHONE #:
CELL #:	FAX #:	CELL #:	FAX #:
E-MAIL:		E-MAIL:	

STATE LICENSE #:	PURSUANT TO SECTION 119.071(5), FLORIDA STATUTES, THE CITY OF GULF BREEZE IS PROVIDING YOU WRITTEN NOTICE THAT IT COLLECTS SOCIAL SECURITY NUMBERS FOR THE FOLLOWING PURPOSES: IDENTIFICATION AND VERIFICATION; BILLING AND PAYMENTS; TAX REPORTING, INCLUDING BUT NOT LIMITED TO, I-9 AND W-2; AND DATA COLLECTION. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES.
FEIN OR SSN:	

PURSUANT TO F.S. 205.0535 (5) NO BUSINESS TAX SHALL BE ISSUED UNLESS THE FEIN NUMBER OR SSN NUMBER IS OBTAINED FROM THE PERSON TO BE TAXED.

ADDITIONAL INFORMATION IS REQUIRED

BUSINESS TAX RECEIPT APPLICATION

(G) MANAGER'S INFORMATION:

(H) AGENT'S INFORMATION (IF APPLICABLE):



NAME:		NAME:	
COMPANY NAME:		COMPANY NAME:	
ADDRESS:		ADDRESS:	
ADDRESS 2:		ADDRESS 2:	
CITY:		CITY:	
STATE:		STATE:	
ZIP:	PHONE #:	ZIP:	PHONE #:
CELL #:	FAX #:	CELL #:	FAX #:
E-MAIL:		E-MAIL:	
STATE LICENSE # (IF APPLICABLE):		STATE LICENSE # (IF APPLICABLE):	

(I) AUTHORIZATION:

CHAPTER 205 FLORIDA STATUTES GIVES MUNICIPALITIES THE AUTHORITY TO LEVY A BUSINESS TAX FOR THE PRIVILEGE OF ENGAGING IN OR MANAGING ANY BUSINESS, PROFESSION, OR OCCUPATION WITHIN ITS JURISDICTION.

- (1) NO BUSINESS WILL BE CONDUCTED UNTIL THE BUSINESS TAX HAS BEEN PAID.
- (2) COMPLETING THIS APPLICATION DOES NOT ALLOW THE APPLICANT TO ENGAGE IN ANY TYPE OF BUSINESS UNTIL THE CITY OF GULF BREEZE ISSUES A PAID RECEIPT TO THE APPLICANT OR AGENT.
- (3) NOTHING SHALL BE ALLOWED ON THE PREMISES THAT CONFLICTS WITH THE CITY'S CODE OF ORDINANCES OR OTHER CITY REGULATIONS.
- (4) THE GRANTING OF THIS BUSINESS TAX RECEIPT DOES NOT IN AND OF ITSELF, PRESUME, INFER, OR CONFER COMPLIANCE WITH LOCAL ORDINANCES. IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO ASSURE COMPLIANCE WITH LOCAL CODES PRIOR TO APPLYING FOR A BUSINESS TAX RECEIPT OR OPENING A BUSINESS LOCATION. FURTHER, THE APPLICATION FOR OR RECEIPT OF A BUSINESS TAX RECEIPT DOES NOT WAIVE THE OBLIGATION OF SAID BUSINESS TO COMPLY WITH ALL APPLICABLE DEVELOPMENT, ZONING AND OTHER CODES OF THE CITY.

I (WE) CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF. I (WE) UNDERSTAND THAT THE CITY'S EVALUATION OF THE BUSINESS TAX RECEIPT IS BASED, IN PART, ON THE INFORMATION CONTAINED HEREIN. I (WE) UNDERSTAND THAT IF THE OPERATION OF THE BUSINESS ON THE SUBJECT PROPERTY VIOLATES THE CITY'S ZONING REGULATIONS OR OTHER ORDINANCES OR LAWS, THE BUSINESS OWNER AND THE SUBJECT PROPERTY MAY BE CITED FOR VIOLATION OF CITY CODE, SUBJECT TO A FINE UP TO \$500.00 PER DAY FOR EACH VIOLATION. I (WE) UNDERSTAND THAT THE ISSUANCE OF A BUSINESS TAX RECEIPT DOES NOT GRANT A VESTED RIGHT OR OTHER RIGHT TO OPERATE A USE AT THE BUSINESS LOCATION THAT IS INCONSISTENT WITH CITY ZONING REGULATIONS OR OTHER ORDINANCES OR LAW.

			
BUSINESS OWNER'S SIGNATURE	DATE	AGENT'S SIGNATURE	DATE
PRINTED NAME		PRINTED NAME	DATE RECEIVED STAMP
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PLEASE ATTACH ADDITIONAL INFORMATION BEHIND THIS PAGE