

CITY OF SAFETY HARBOR

750 Main Street, Safety Harbor, FL 34695

727/724-1515

COMMERCIAL BUSINESS

LOCAL BUSINESS TAX RECEIPT APPLICATION

Office use

Tax Receipt # _____

Total Fee \$ _____

CATEGORY _____

SIC CODE _____

Please check one:

NEW APPLICATION () BUS TRANSFER () LOCATION CHANGE ()

Application is hereby made for a business tax receipt for the purpose of engaging in the business, profession, or occupation herein described. Please be advised, your business and its location must meet zoning, planning and fire approvals prior to your tax receipt being issued. **It is our recommendation beforehand to make sure (before you sign any contracts or lease) to check with our zoning dept.** Per F.S. 865.09 any name under which a person transacts business in this state, other than the person's legal name, must register with the Fl. Dept. of State (Sunbiz.org)

1. Please attach proof of business name from the Division of Corporation 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.

Name of Business _____	Billing Address _____
Address _____	_____
_____ Zip _____	_____ Zip _____
Telephone # () _____	Applicant Name _____
FEIN # _____	Address _____
State Lic # _____	_____ Zip _____
(Includes Health & Alcoholic Bev. Lic.)	
PCCLB # _____	Telephone # () _____
Business owner, qualifier, partner or agent name: _____	
Business Organization Type: [<input type="checkbox"/>] Sole Owner [<input type="checkbox"/>] Partnership [<input type="checkbox"/>] Corporation	

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

<input type="checkbox"/> Administrative Office <input type="checkbox"/> Agency/Agent (See Section 5) <input type="checkbox"/> Amusement (See Section 1) <input type="checkbox"/> Artist/Studio <input type="checkbox"/> Auction/Auctioneer <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Bereavement <input type="checkbox"/> Contractor (Specify in Section 7) <input type="checkbox"/> Dry Cleaning/Laundry (See Section 6) <input type="checkbox"/> Gas & Oils (See Section 4) <input type="checkbox"/> Health & Beauty (See Section 3)	<input type="checkbox"/> Media <input type="checkbox"/> Medical <input type="checkbox"/> Merchant <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Professional (Specify in Section 7) <input type="checkbox"/> Rental (See Section 6) <input type="checkbox"/> Repair Shop <input type="checkbox"/> Restaurant (See Section 1) <input type="checkbox"/> Schools (Daycare # of Children _____) <input type="checkbox"/> Sales & Repair Services <input type="checkbox"/> Utility Company <input type="checkbox"/> Unclassified
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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"/> No. of tables in Restaurant <input type="checkbox"/> No. of seats in Restaurant <input type="checkbox"/> No. of coin operated amusement machines <input type="checkbox"/> No. of shuffleboard courts	<input type="checkbox"/> Food stand without seats <input type="checkbox"/> No of beds in congregate living homes <input type="checkbox"/> No. of alleys (bowling) <input type="checkbox"/> No. of vending machines <input type="checkbox"/> No. of billiard tables
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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:

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.

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

New signs require a building permit and may require a structural permit. Please sign below acknowledging you understand permit(s) are required prior to putting up a new sign.

_____ Date

_____ Signature of Applicant

OFFICIAL USE ONLY

COMMENTS:

BUILDING _____

ZONING _____

FIRE _____

2002 Florida Statutes

Social Security Number

PLEASE NOTE: If you have already provided us with your FEIN number on your application we do not need to collect your social security number.

205.0535 Reclassification and rate structure revisions.

(5) No tax receipt shall be issued unless the federal employer identification number or social security number is obtained from the person to be licensed.

119.0721 Social Security Number Exemption.

(8) An agency shall not collect an individual's social security number unless authorized by law to do so or unless the collection of the social security number is otherwise imperative for the performance of that agency's duties and responsibilities as prescribed by law. Social security numbers collected by an agency must be relevant to the purpose for which collected and shall not be collected until and unless the need for social security numbers has been clearly documented. Any agency that collects social security numbers shall also segregate that number on a separate page from the rest of the record, or as otherwise appropriate, in order that the social security number be more easily redacted, if required, pursuant to a public records request. An agency collecting a person's social security number shall, upon that person's request, at the time of or prior to the actual collection of the social security number by that agency, provide that person with a statement of the purpose or purposes for which the social security number is being collected and used. Social security numbers collected by an agency shall not be used by that agency for any purpose other than the purpose stated. Social security numbers collected by an agency prior to May 13, 2002, is found to be unwarranted, the agency shall immediately discontinue the collection of social security numbers for that purpose.

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 of Business Owner _____ Date _____

Print Name _____

FIRE DEPARTMENT QUESTIONNAIRE

Name of Business _____

Address of Business _____

Applicant Name _____ Phone# _____

Type of Business _____

The following questions need to be answered before the Fire Department can properly process your application. When your business is ready for final inspection, please call Fire Administration at (727) 724-1535 to set up an appointment. Applications will not be approved without inspection by the Fire Department. Thank you for your cooperation.

Per Florida Statute Chapter 442, businesses are required to report toxic substances to their local fire Department as well as keep a list of the substances on file at the business location. Please complete and sign the Hazardous Material Management Plan attached to this application.

*****If you do NOT have any hazardous substances at your business location and do NOT use any hazardous substances please check here _____**

1. Is your business open to the public? Yes ____ No ____

2. Does your business have exit signs indicating the exit door(s) or pathway? Yes ____ No ____

3. Are your exit signs the lighted unit type? Yes ____ No ____

4. Are the lights working properly over the exit sign(s)? Yes ____ No ____

5. Does your place of business have fire extinguishers? Yes ____ No ____

6. How many exits do you have? _____

7. List two (2) names of emergency contact persons (Key Holders)

a) Name: _____ Phone #: _____

b) Name: _____ Phone #: _____

8. Required permits from other agencies:

<u>Agency</u>	<u>Number</u>
a) _____	_____
b) _____	_____

Comments: Fire Dept _____ Date: _____

HAZARDOUS MATERIAL APPLICATION

1. Type of Permit (check one)

- _____ Temporary (30 days or less)
_____ Provisional (existing business)
_____ Full (new)

2. Specify quantity range (check one)

- _____ Range #1 – Up to and including 500 pounds for solids, 55 gallons for liquids, and 200 cubic feet at STP* for compressed gases.
_____ Range #2 – Between 501 and 5,000 pounds for solids, 56 and 549 gallons for liquids, and 201 and 2,000 cubic ft at STP* for compressed gases.
_____ Range #3 – Between 5,001 and 25,000 pounds for solids, 550 and 2,750 gallons for liquids, and 2,001 and 10,000 cubic ft at STP* for compressed gases.
_____ Range #4 – Between 25,001 and 50,000 pounds for solids, 2,751 and 5,500 gallons for liquids, and 10,001 and 20,000 cubic ft at STP* for compressed gases.
_____ Range #5 – More than 50,000 pounds for solids, 5,501 gallons for liquids, and 20,001 cubic ft at STP* for compressed gases

* Standard Temperature and Pressure

FILL OUT HAZARDOUS MANAGEMENT PLAN AND HAZARDOUS MATERIAL INVENTORY STATEMENT.

Department Use Only:

EMMP	Yes	No
EMES	Yes	No
Construction Plan	Yes	No

Date approved:

Hazardous Material Management Plan

Date ____/____/____

Part A General Information

1. Business Address _____ Sq.
Ft. _____
Address _____
Phone _____
2. Owners Name _____
Phone _____
Address _____
3. Emergency
Contact _____ Phone _____ Phone _____
4. Principal Business Activity _____
5. Number of Employees _____ Hours of
Operation _____
6. Name of Safety Manager _____
7. Location of MSD Forms _____

Part B General Facility Description

Provide a site plan on 8.5 x 11 inch paper showing location of all buildings, structures, loading areas, parking lots, roads, storm and sewer drains. Indicate Northern direction.

Part C Facility Storage Map

Provide a floor plan on 8.5 x 11 inch paper for each building indicating the location of all hazardous materials, including all interior, exterior and underground storage areas.

Show the following:

1. Total quantities of each hazardous substance and/or waste.
2. Tank Capacity of each tank.
3. Hazardous material in each tank by chemical name, common/trade name.
United Nations (UN) or North American (NA) number.
4. Location of electrical panel and gas shut off valve.
5. Show scale floor plan drawn to and approximate square footage.

Part D Separation of Materials

1. Describe the method used to separate and protect stored hazardous materials from factors that may cause fire or explosion. (Example: Storage cabinet, one hour separation)

2. List the materials used for primary and secondary containment of any stored chemicals. (Example: Teflon for corrosives)
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Part E Monitoring Program

1. Describe location, type and manufacture of monitoring equipment used to detect leaks or spills.

2. Is system monitored Yes No (Circle One)

Alarm Company _____

Phone _____

Part F Emergency Equipment

1. Describe any emergency and its locations:

Test and maintained Yes No (Circle One)

Part G Waste Handling Procedures

1. Brief description of method used:

2. Record keeping of disposal: Yes No (Circle One)

Part H Training

1. Are employees properly trained in handling/disposing of hazardous materials?
Yes No (Circle One)
2. Are employees instructed in emergency procedures for leaks, spills, fire explosions including shut down of operations and evacuation procedures? Yes No (Circle One)

I declare that the information above is correct to the best of my knowledge.

Signature and Title

Note: Hazardous Material Inventory Statement is attached.

All forms are to be completed and returned to:

Safety Harbor Fire Department. 700 Main St, Safety Harbor, FL 34695

