

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 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*****

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.

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 (<input type="checkbox"/>) Partnership (<input type="checkbox"/>) Corporation (<input type="checkbox"/>) LLC (<input type="checkbox"/>)

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"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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:

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

OFFICIAL USE ONLY

ZONING _____

BUILDING _____

PUBLIC WORKS _____

Change of Occupancy

Changes of occupancy can require renovations and/or parking modifications.

What was the prior use of the space you want to occupy? _____

Are you planning renovations to the building? Yes ___ No ___ If yes, please describe:

Have you submitted permits to the Building Department? Yes ___ No ___

After submittal, we will contact you to schedule a walk through.

Contact Phone Number for walk through: _____

Date of walk through: _____ / Staff Initial _____

Any future changes to the use category on Page 1 require the submittal of an updated business tax form and may require renovations.

Signature _____ Date _____

Signs

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 that permit(s) are required prior to putting up a new sign.

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 _____

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. Licenses 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 above line.

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 No: _____
 - b) Name: _____ Phone No: _____
8. Required permits from other agencies:
 - a) Agency: _____ Number: _____
 - b) Agency: _____ Number: _____

Comments-Fire Dept _____ Date _____