



TOWN OF BELLEAIR

901 Ponce de Leon Boulevard, Belleair, Florida 33756

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www.townofbelleair.com

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

The Town of Belleair collects a Local Business Tax (in accordance with Florida Statute Chapter 205) for the privilege of doing business in Belleair. All persons conducting business at a location based in Belleair are required to obtain a Local Business Tax Receipt prior to operation. *Home based businesses must meet the criteria outlined in Section 74-311 of the Town Code or are otherwise not permitted. Additionally, home based businesses must also submit a completed Home Based Business Application. Please note: this form requires notarization.*

COMPLETE AND RETURN

Owner Name: _____

Applicant Name (if different): _____

Business Name (if applicable): _____

Proof of Fictitious Name (DBA) or Corporation Registration required per F.S. 205.023 and 865.09

Business Type: _____

Must include a copy of State License/Certification if required for your business type. (Town Code Section 54-42)

Business Opened/Anticipated Start Date: _____ Number of Employees: _____

Employer Identification Number or Social Security Number: _____

Required for Local Business Tax Receipt issuance per F.S. 205.0535(6). Applicants using an SSN: see also the Notice of Collecting Social Security Number for Government Purpose written notice.

Belleair Address: _____

Mailing Address (if different): _____

Rental property owners must provide their physical mailing address.

Phone Number: _____ 24 Hr. Emergency Number: _____

Rental Property Owners: Please Complete the Additional Section Below

Local Individual or Local Property Management Company: _____

Agent/Company Mailing Address: _____

Phone Number: _____

Rental property owners must also complete a Tenant Information Sheet and update when changes occur. This can be submitted via the Town's website at <http://www.townofbelleair.com/tenant>

*Notarization Required (Individual Acknowledgement)

Applicant Printed Name _____

Applicant Signature _____

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of

_____, 20____, by _____

who is personally known to me or produced _____ as identification.

Notary Signature

Commission No.

(SEAL)