BTR # _____ CITY OF INDIAN ROCKS BEACH Date Rec'd_____

BUSINESS TAX RECEIPT APPLICATION

1507 Bay Palm Boulevard/Indian Rocks Beach FL 33785, (727) 595-2517

Name of Person Making Application _____

Full Name of Business_____

Business Address _____

Mailing Address for Renewal Notice _____

Business Phone #_____ Email _____

F.E.I.N. # _____
#Employees _____ #Parking Spaces_____
Description of Business Activity, Products & Services_____
_____

USAGE/UNIT/FEE INFORMATION: # Rental Units _____
MERCHANT: Inventory Amount as of Sept 1 $_____
RESTAURANT/LOUNGE: Seats-Interior # _____ Exterior #_____
Alcoholic Beverage Designation: _____
Vending/Game Machines _____
Pool Tables_____ # Music Machines_____
REAL ESTATE: # Brokers_____#Sales Associates_____
BEAUTY SALON/BARBER SHOP: # Stations _____
MARINA: # Slips/Storage Units _____
GAS STATION: # Pumps_____

EMERGENCY INFORMATION (after closing alternate name, address and phone number):

Name: _____ Phone: _____

Address: _____

I, _____, being duly authorized to sign for the business named above
(please print)
hereby make application for the privilege of engaging in business within the City of Indian Rocks Beach, Florida. I further understand that the business will adhere to the laws, statutes and City ordinances that may apply to this 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, that the Business Tax Receipt may be revoked by the City of Indian Rocks Beach, Florida, as outlined in Chapter 10 of the City Code of Ordinances.

_____ _____
(Applicant Signature) (Date)

NOTE: The following is required ***prior*** to the issuance of a Business Tax Receipt:
( ) Department of Business & Professional Regulation Registration
( ) Department of Business & Professional Regulation Health Certificate (if applicable)
( ) Fire Department Inspection: Call 727/595-1117 to request inspection (if applicable)
( ) Department of Revenue Certificate (if applicable)

PENALTY FOR LATE PAYMENT
Oct 1@10%; Nov 1 @15%; Dec 1 @20%; Jan 1 @25%

NOTE: ***Prior to submitting payment call 727-595-2517 for final fee determination.***