



Application # \_\_\_\_\_  
Date Recv'd \_\_\_\_\_

**Business Tax Receipt Application**  
155 Corey Avenue, St Pete Beach, FL 33706  
Phone (727) 363-9214 Fax (727) 363-9222

**APPLICATION INFORMATION**

- Attach a copy of your fictitious name registration referencing your business name.
- If this application is for a change of ownership only on an existing business, attach a copy of the previous owners paid tax receipt to take advantage of discounted transfer fees.
- A floor and parking plan will be required for a new use or change of use.
- A 25% penalty fee is charged if you open for business prior to obtaining your business tax receipt.
- If a state license is required for your business, please attach a copy.
- If you are applying for a home occupation license, please attach the required home occupation affidavit, along with a notarized letter of authorization from the property owner if applicable.
- A \$10.00 application fee will be due at the time of tax receipt application submittal. Note: Fire Inspection fee \$50.00
- You will be called upon completion of application review to discuss requirements and related fees.

**THIS PORTION TO BE COMPLETED BY APPLICANT**

Business Name \_\_\_\_\_  
 Address of Business \_\_\_\_\_ Bus Phone \_\_\_\_\_  
 Mailing Address for renewal notice \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Name and address of owner of business \_\_\_\_\_  
 Are you presently open for business? \_\_\_\_\_ When do you wish to open for business? \_\_\_\_\_  
 Type of business \_\_\_\_\_ Number of employees \_\_\_\_\_  
 Alterations to site consist of \_\_\_\_\_

**SIGNAGE:** Do you wish to have signage? YES  NO . All signs require a permit, even on a name change to an existing sign. If signage is requested, a separate building permit application shall be submitted by a properly licensed sign contractor to the building department for review prior to any sign permit being issued. Sign information call (727)363-9241.

**USAGE/UNIT/FEE INFORMATION:** (Please complete if applicable)

**Merchant:** inventory amount \_\_\_\_\_ **Restaurant/Lounge:** seating count \_\_\_\_\_ **Rental Units:** number of units \_\_\_\_\_  
**Beauty/Barber Shop:** station count \_\_\_\_\_ **Gas Station:** number of nozzles \_\_\_\_\_ **Marina:** number of slips or storage units \_\_\_\_\_  
**Commercial vessels:** number of vessels \_\_\_\_\_ **Coin Operated Machines:** Vending Machines \_\_\_\_\_  
 Game Machines \_\_\_\_\_ Pool Tables \_\_\_\_\_ Laundry Machines \_\_\_\_\_

**EMERGENCY INFORMATION:** After closing, alternate names, addresses and phone numbers (other than referenced above)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I (please print) \_\_\_\_\_ being duly authorized to sign for the business named above, hereby make application for the privilege of engaging in business within the City of St Pete Beach, Florida. I further understand that the business will adhere to all laws, statutes and City Ordinances that may apply to the 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, the tax receipt may be revoked by the City of St Pete Beach, Florida as outlined in Chapter 78 of the City Code of Ordinances.

**APPLICANT SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
**Notary Signature**