



## COMMERCIAL BUSINESS TAX RECEIPT APPLICATION

### CITY OF ORMOND BEACH

22 South Beach Street, Room 104, Ormond Beach, FL 32174

Tel: (386) 676-3233 / Email: [btonline@ormondbeach.org](mailto:btonline@ormondbeach.org)

#### COMMERCIAL LOCATION:

New       Transfer Name       Transfer Owner       Transfer Location       Booth / Space Rental

Other:

Business name as registered with the State ([www.sunbiz.org](http://www.sunbiz.org)) or State licensed under:

*\*One exemption to fictitious name registration is use of full legal name, see also Florida Statute 865.09*

Business Street Address:

City:  State:  Zip:

Business Phone Number:  Fax Number:

Business Federal Employee Identification Number:

*\*Valid FEIN number or social security number is required by F.S. 205.0535 (5)*

Is mailing address the same as the Business location?     Yes     No    If no, please list mailing address below.

Mailing Address:

City:  State:  Zip:

Owner Name:

Owner Street Address:

City:  State:  Zip:

Owner Phone Number:  Cell Number:

Owner Date of Birth:  /  /

Applicant Name (if other than owner):

Applicant Title:  Applicant Phone Number:

Contact Email:

\*Fully Describe and list any/all intended uses:

\*Must be completely described for application to be processed.

Updated 06.2015

Merchant Inventory Value:  # Vendor stickers required:   
 # Amusement stickers required:  # Landscape/lawn care stickers required:   
 # Tree pruning stickers required:  # Filling station pumps:

**Days and hours of operation:**

Monday:  Tuesday:  Wednesday:  Thursday:   
 Friday:  Saturday:  Sunday:

# Licensed professionals directly employed by business:

\*If a licensed professional working within the City is not directly employed by a business, the individual employee will need to obtain their own business tax receipt.

**\*Please attach a copy of your State License (if applicable) - also list State License # and issuing agency here:**

Please have a Certificate of General Liability Insurance made out to the City if you provide a service, and attach it to this completed application.

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**CERTIFICATION**

I certify under oath with a penalty of perjury, that all the information contained herein is true and correct. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any business tax receipt/registration issued to me and may be just cause for prosecution. I acknowledge that the issuance of this business tax receipt is contingent upon complying with the building and fire prevention requirements of the City. I consent to inspection of the property by the City at any time between 9:00 a.m. and 5:00 p.m. Inspections will be performed, and should deficiencies be found that are in conflict with the City code, I understand that the City will not issue the business tax receipt until I (or the owner of the building, if leased) make the required corrections. I understand that should corrections be necessary, I am not permitted to operate this business until those corrections have been made. IT is further understood that I must comply with the code of the City of Ormond Beach and failure to correct conditions which are in violation is punished under the code or sufficient cause for revocation of my business tax receipt/registration. I understand that if I engage in a business under a fictitious name, I must comply with the fictitious name statute.

**Owner/Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally appeared \_\_\_\_\_ to me known ( ), or has produced identification ( ), as the person who acknowledged the foregoing document.

Notary signature: \_\_\_\_\_ Notary Seal:

\*\*\*\*\* **For Office Use Only** \*\*\*\*\*

Date application received in office: \_\_\_\_/\_\_\_\_/\_\_\_\_ Planning verification attached? Y N NA, by \_\_\_\_\_

Date routed to Planning for approval: \_\_\_\_/\_\_\_\_/\_\_\_\_ Planning approval received? Y N NA, by \_\_\_\_\_

BFI permit #: \_\_\_\_ - \_\_\_\_ BFI inspection approved? Y N NA

Signage?: Y N NA CO Issued? Y N NA

All necessary documentation received? Y N Applicant contacted? Y N NA, by \_\_\_\_\_

Items needed: \_\_\_\_\_

Approval notification made: \_\_\_\_/\_\_\_\_/\_\_\_\_ 30 day follow-up if not picked up: \_\_\_\_/\_\_\_\_/\_\_\_\_

NID notification made: \_\_\_\_/\_\_\_\_/\_\_\_\_ Paperwork scanned and saved: \_\_\_\_/\_\_\_\_/\_\_\_\_