



**Public Works Department  
Planning Division  
*Planning~Building~Inspections***

105 Miracle Strip Pkwy. SW  
Fort Walton Beach, FL 32548  
P: (850) 833-9927  
F: (850) 833-9926

**APPLICATION FOR BUSINESS TAX RECEIPT**

<b>Business Name:</b>	
<b>Business Location (Physical Address):</b>	
<b>Type of Business:</b>	
<b>Home Occupation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b># of Employees:</b>	
<b>FEIN # (Fictitious Name):</b>	
<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Applicant Phone Number:</b>	
<b>Applicant Email Address:</b>	
<b>Property Owner Name:</b>	

<b>Type of Ownership:</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Professional Association <input type="checkbox"/> Limited Liability Partnership
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**For Contractors/Services:**

<b>Type of Contractor:</b>		<b>SS # :</b>	
<b>State License #:</b>		<b>County BTR # :</b>	
<b>Federal ID #:</b>		<b>Comp. Card # :</b>	

<b>Insurance Company</b>	<b>Policy #</b>	<b>Amount of Insurance</b>

If your business type is listed below, please provide information as necessary.

**Banking and Lending Institutions**

Number of Locations \_\_\_\_\_

Number of ATM Locations \_\_\_\_\_

**Barber/Beauty/Cosmetology/Nail Technicians**

Number of Technicians \_\_\_\_\_

**Merchants/Manufacturing/Wholesalers/Distributors**

Number of Employees \_\_\_\_\_

**Restaurant/Lounges**

Total Number of Seats \_\_\_\_\_

Curb Service \_\_\_\_\_

Total Drive Up Windows \_\_\_\_\_

Lounges on Premises \_\_\_\_\_

**Coin Operated Devices**

Number of Devices \_\_\_\_\_

**Hotels/Motels/Rental Apartments**

Number of Rooms/Units \_\_\_\_\_

**Insurance Agents/Professional State Licensed**

Number of Agents/State Licensed Employees \_\_\_\_\_

**Billiards/Amusement/Bowling Alley**

Number of tables/alleys/rides \_\_\_\_\_

**Warehouse Storage**

Square footage of warehouse storage \_\_\_\_\_

I have applied for a fictitious name as required by FL Statute 205.023      Yes       No

If no, the reason I can not comply with this requirement \_\_\_\_\_

If applicable to this business, requirements relating to the use and/or storage of hazardous and toxic chemicals as described in the Superfund Amendments and Reauthorization Act of 1986 (SARA), Title III: "Emergency Planning and Community Right to Know" were complied with:       Yes       No

The applicant is hereby notified that should any information on this form be found to be inaccurate or incomplete, the Business Tax Receipt issued may be withdrawn and the business, professional or occupational activity permitted therewith shall immediately cease until defects have been corrected.

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicant's Signature \_\_\_\_\_      Date \_\_\_\_\_