



**Engineering Services
Department
Development Services Division
Planning~Building~Inspections**

105 Miracle Strip Pkwy. SW
Fort Walton Beach, FL 32548
P: (850) 833-9607
F: (850) 833-9926

APPLICATION FOR BUSINESS TAX RECEIPT

Business Name:	
Business Location (Physical Address):	
Type of Business:	
# of Employees:	
Applicant Name:	
Mailing Address:	
Applicant Phone Number:	
Applicant Email Address:	
Property Owner Name:	

Type of Ownership:	<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:

Type of Contractor:		SS # :	
State License #:		County BTR # :	
Federal ID #:		Comp. Card # :	

Insurance Company	Policy #	Amount of Insurance

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should any information on this form be found to be inaccurate or incomplete, the Business Tax Receipt issued may be withdrawn and the business, professional or occupational activity permitted therewith shall immediately cease until defects have been corrected.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