



**CITY OF
INDIAN HARBOUR BEACH
Florida**

2055 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FLORIDA, 32937
PHONE: 321-773-3181
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EMAIL: ngold@indianharbour.org

BUSINESS TAX RECEIPT APPLICATION

*** PLEASE TYPE OR PRINT ALL INFORMATION ***

CIRCLE ONE: NEW RELOCATION CHANGE OWNER CHANGE BUSINESS NAME

Business Name: _____

Business Address: _____

Business Phone: _____ Fax: _____ Email/Web: _____

Business Description in Detail: _____

Mailing Address: _____

Manager's Name: _____

Manager's Home Address: _____

City: _____ State: _____ Zip Code: _____

Manager's Home Phone: _____

Check all that apply:

I have registered the above business name as a corporation with the State of Florida. (attach copy)
 I have filed the above business as a fictitious name with the State of Florida. (attach copy)
 I am exempt from filing a fictitious name with the State of Florida for one of the following reasons:
 Business name is first and last name of owner
 I am a licensed professional
 I am an attorney
 Business is a corporation

Business Owner's Full Name: _____

Florida Driver's License Number: _____ (Attach copy)

Owner's Home Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Home Phone: _____

Federal Tax ID No. or Social Security No. _____

(FSS 205.0535)

Qualifier for owner if license classification is regulated by the State of Florida:

(Attach a copy of your state license or state certification)

State license number: _____

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Florida Driver's License Number: _____

Is business licensed in any other Florida cities? Yes/No

If so, list complete names and addresses: _____

Have you ever had a license for the business herein described which has been revoked? Yes/No

Have you ever been denied a license? If so, explain: _____

Have you, the applicant, or any partner or officer of the business ever been convicted of a felony? Yes/No

Property Owner:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

List your bank:

Bank: _____

List two personal references:

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Do you have an alarm system? Yes/No

I hereby declare the preceding statements to be true and correct to the best of my knowledge and belief. I will comply with all Indian Harbour Beach City Codes.

Signature of Owner of Business (or qualified corporate officer)

Date Signed

DO NOT WRITE BELOW THIS LINE**DEPARTMENTAL APPROVAL/DISAPPROVAL:**

Building: _____ Date: _____ Comments: _____

Fire: _____ Date: _____ Comments: _____