

# APPLICATION FOR BUSINESS TAX RECEIPT

Effective January 1, 2007, in the State of Florida, the term "Occupational License" was replaced with "Business Tax Receipt"

**CITY OF MOORE HAVEN**  
P. O. BOX 399, MOORE HAVEN, FL 33471  
(863) 946 - 0711

LEAVE NO SPACES BLANK . . . . . PLEASE TYPE OR PRINT ALL INFORMATION

IDENTIFICATION NUMBER MUST ACCOMPANY THIS APPLICATION

BUSINESS NAME: \_\_\_\_\_ BUSINESS TYPE: : Inc, Corp., LLC, PA, Other. \_\_\_\_\_

DBA NAME (if different): \_\_\_\_\_ CHECK HERE IF SOLE PROPRIETORSHIP: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ WHEN DO YOU PLAN TO OPEN: \_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_

Attach separate sheet if necessary. If you are a retail business, tell us what you sell, if you are an office use, tell us what you do

BUSINESS ADDRESS: \_\_\_\_\_ SUITE #: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

BUSINESS PHONE ( ) \_\_\_\_\_ BUSINESS FAX ( ) \_\_\_\_\_

CELL PHONE # ( ) \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

\*FEDERAL TAX ID# \_\_\_\_\_ FL SALES TAX # \_\_\_\_\_

SQUARE FOOTAGE OCCUPIED (Gross Leasable Space): \_\_\_\_\_ WHAT FLOOR? 1 FL \_\_\_ 2 FL \_\_\_ 3 FL \_\_\_ other \_\_\_

PROPERTY OWNER / LANDLORD'S NAME & PHONE #: \_\_\_\_\_

PREVIOUS TENANT: \_\_\_\_\_

PLEASE ATTACH DETAILED FLOOR PLAN (if checked)

APPLICANT NAME:

FIRST NAME \_\_\_\_\_ FULL MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_ \*SS# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY, ST., ZIP \_\_\_\_\_

PHONE : ( ) \_\_\_\_\_ POSITION WITH THE BUSINESS: (Owner, Officer, Licensee, etc) \_\_\_\_\_

DATE OF HIRE \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CERTIFICATION/LICENSE # \_\_\_\_\_ CERTIFICATION EXP. DATE \_\_\_\_\_  
(Please include a copy of your certification/license: i.e. Brokers/RE Sales License, CRD#, Cosmetologist license #, etc )

LIST ALL CORPORATE OFFICERS / DIRECTORS & REGISTERED AGENT: USE SEPARATE SHEET IF NECESSARY.

1. FIRST NAME MIDDLE INIT LAST NAME DATE OF BIRTH ADDRESS

2. FIRST NAME MIDDLE INIT LAST NAME DATE OF BIRTH ADDRESS

3. FIRST NAME MIDDLE INIT LAST NAME DATE OF BIRTH ADDRESS

INCOMPLETE OR MISLEADING APPLICATIONS WILL BE REJECTED. ALL LINES MUST BE COMPLETE. IF NOT APPLICABLE, PLEASE INDICATE WITH N/A.

\*Required by State Statute FS205.

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL CITY ORDINANCES COVERING THE OCCUPATION DESCRIBED HEREIN:

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

OFFICE USE ONLY: APPROVALS: \_\_\_\_\_

PERTINENT DATA TO JUSTIFY BUSINESS CLASSIFICATION:  
\_\_\_\_\_

BUSINESS CATEGORY: \_\_\_\_\_ FEE : \_\_\_\_\_

BUSINESS CODE: \_\_\_\_\_ PAID BY CHECK #: \_\_\_\_\_

BUSINESS TAX RECEIPT # \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_ GL RECEIPT# \_\_\_\_\_

BUSINESS TAX RECEIPT PRINTED: \_\_\_\_\_ BUSINESS TAXED MAILED OR PICKED UP: \_\_\_\_\_

NOTES: \_\_\_\_\_  
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