

CITY OF BELLEVIEW
5343 SE ABSHIER BLVD BELLEVIEW, FL 34420
(352)233-2106 (352)245-6532

BUSINESS TAX APPLICATION

CHECK ONE OF THE FOLLOWING: _____ NEW BUSINESS _____ TRANSFER

BUSINESS NAME, ADDRESS & TELEPHONE

OWNER'S NAME, ADDRESS & TELEPHONE

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS:

IF CORPORATION LIST MEMBERS OFFICERS _____

EMERGENCY NAME, ADDRESS & TELEPHONE

1.) _____

2.) _____

BUSINESS INFORMATION:

DATE BUSINESS STARTED AT THIS ADDRESS _____

FORM OF BUSINESS _____

IF RETAIL OR PROFESSIONAL SERVICES SPECIFY TYPE _____

SHOPPING CENTER NAME, IF APPLICABLE _____

GARBAGE SERVICE _____

PLEASE COMPLETE THE SECTIONS APPLICABLE TO YOUR BUSINESS:

GROSS SQUARE FOOTAGE _____

GAS PUMPS _____

UNDERGROUND TANKS _____

CHEMICALS/HAZARDOUS MATERIALS USED/SOLD (SPECIFY) _____

HAZARDOUS WASTE (SPECIFY) _____

WILL ANY USED ITEMS BE BOUGHT OR SOLD _____

YES _____

NO _____

NUMBER OF EMPLOYEES _____

RESTAURANTS: NUMBER OF SEATS _____

DRIVE IN WINDOW _____

YES _____

NO _____

BARBER OR BEAUTY SHOPS: NUMBER OF CHAIRS _____

HOTEL, MOTEL, ROOMING HOUSE: NUMBER OF ROOMS _____

NUMBER OF VENDING MACHINES, GAME DEVICES _____

DO YOU OWN OR LEASE VENDING MACHINES _____

IF LEASE VENDING MACHINES, FROM WHO _____
NUMBER OF PARKING SPACES FOR YOU BUSINESS _____
MACHINERY USED/NOISE LEVELS _____

ADDITIONAL REQUIREMENTS:

(ATTACH COPIES OF ANY OTHER LICENSE HELD)

ELIGIBLE FOR EXEMPTION _____ YES _____ NO REASON _____
STATE CERTIFICATION # _____ EXPIRATION _____
STATE REGISTRATION # _____ EXPIRATION _____
STATE EXEMPTION CERTIFICATE # _____
HEALTH DEPARTMENT CERTIFICATE # _____

ZONING/BUILDING INFORMATION:

BLOCK/LOT # _____ ZONING OF PROPERTY _____
ARE THERE ANY PROPOSED RENOVATION/ADDITIONS TO THE EXISTING STRUCTURES?
_____ YES _____ NO

IF YES EXPLAIN _____

DO YOU PLAN TO PLACE A SIGN ON THE PROPERTY OR IS THERE AN EXISTING SIGN
WHICH YOU PLAN TO MODIFY? _____ YES _____ NO IF YES, SPECIFY _____

NOTE: BUILDING PERMITS MAY BE REQUIRED. IF YOU DO ANY CONSTRUCTION, REMODELING, PUT UP NEW SIGNS OR CHANGE EXISTING SIGNS. YOU NEED TO CHECK WITH THE CITY PRIOR TO DOING ANY OF THE ABOVE. IF DONE WITHOUT PERMITS FINES WILL BE ASSESSED!

THE UNDERSIGNED DOES HEREBY REQUEST THAT A BUSINESS TAX RECEIPT BE ISSUED ON THE BASIS OF THE ABOVE INFORMATION WITH THE UNDERSTANDING THAT ALL OF THE CITY OF BELLEVUE ORDINANCES SHALL BE COMPLIED WITH WHETHER SPECIFIED OR NOT. ALL INFORMATION SUPPLIED SHALL BECOME PUBLIC RECORD, UNLESS OTHERWISE RESTRICTED BY STATE OR FEDERAL LAW!

“The City of Bellevue collects your Social Security number for the following purposes: accurate identification and verification of individuals; establishment of credit worthiness; processing billing and payments; personnel benefits tracking, processing and tax reporting; effective and accurate law enforcement processing. The City of Bellevue will not collect Social Security numbers for any other purpose other than those provided in the written statement. Resolution 08-01”

DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____

FEDERAL ID OR SOCIAL SECURITY NUMBER _____

I SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF OWNER/APPLICANT: _____
DATE SIGNED: _____ TITLE _____

CITY OF BELLEVIEW

POLICE DEPARTMENT INFORMATION

DATE: _____

THE FOLLOWING INFORMATION IS REQUIRED TO BE COMPLETED FOR THE POLICE DEPARTMENT RECORDS:

NAME OF BUSINESS _____

STREET ADDRESS _____

MAILING ADDRESS _____

BUSINESS TELEPHONE NUMBER _____

BUSINESS HOURS _____

BUSINESS OWNERS NAME _____

BUSINESS OWNERS ADDRESS _____

BUSINESS OWNERS HOME TELEPHONE NUMBER _____

BUILDING OWNER'S NAME _____

BUILDING OWNER'S ADDRESS _____

BUILDING OWNER'S TELEPHONE NUMBER _____

EMERGENCY TELEPHONE NUMBERS TO CALL:

- | | |
|---------------|------------------------|
| 1. NAME _____ | TELEPHONE NUMBER _____ |
| 2. NAME _____ | TELEPHONE NUMBER _____ |
| 3. NAME _____ | TELEPHONE NUMBER _____ |

ALARM SYSTEM: _____ NO _____ YES IF YES, WHAT TYPE _____

DIRECT _____ TELEPHONE DAILER _____ AUDIBLE _____ OTHER _____

REMARKS _____

TO BE COMPLETED BY THE CLERK'S OFFICE

ZONING

IS ZONING OF PROPERTY CORRECT _____ YES _____ NO
IS THE REQUESTED USE ALLOWED IN THE ZONING DISTRICT _____ YES _____ NO
PARKING REQUIRED? _____
PARKING AVAILABLE _____

BUILDING

IS A SITE PLAN REQUIRED? _____ YES _____ NO
IF YES, DATE APPROVED _____

IS BUILDING PERMIT REQUIRED _____ YES _____ NO
IF YES, EXPLAIN _____

IS SIGN PERMIT REQUIRED _____ YES _____ NO IF NOT, HAS
APPLICATION AND SITE PLAN BEEN PRESENTED TO THE BUILDING DEPARTMENT
_____ YES _____ NO

STAFF INITIAL _____ DATE _____

WATER/SEWER

HAS APPLICANT PAID FOR REQUIRED WATER/SEWER CONNECTIONS? _____ YES _____ NO
HAS APPLICANT PAID FOR REQUIRED IMPACT FEES? _____ YES _____ NO
IF NO, EXPLAIN _____

WELL-HEAD PROTECTION ZONE? _____ YES _____ NO
EFFLUENT APPROVAL FOR STP BY PUBLIC WORKS DIRECTOR (PWD INITIAL) _____

STAFF INITIAL _____ DATE _____

VERIFICATIONS

TYPE OF LICENSE(S) REQUIRED _____

HAVE COPIES OF ALL REQUIRED STATE LICENSES BEEN SUBMITTED?
_____ YES _____ NO

STATE LICENSE#, IF APPLICABLE _____

STAFF INITIAL _____ DATE _____

DEVELOPMENT SERVICES SPECIALIST