

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

**BUSINESS TAX APPLICATION
(NO PHYSICAL LOCATION WITHIN THE CITY)**

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 _____

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 # _____

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 BELLEVIEW 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 Belleview 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 Belleview 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** _____