



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

Office: 352-245-7021

Email: DSStaff@belleviewfl.org

BUSINESS TAX APPLICATION (SEASONAL SALE)

Business Name, Address & Telephone

Owner's Name, Address & Telephone

Mailing address (if different from business address):

If Corporation list members or officers: _____

Emergency Name, Address & Telephone

1) _____

2) _____

Business Information:

Dates of sale at this address _____

Form of Business _____

If retail or professional services specify type _____

Please complete the sections applicable to your business:

- Eligible for Exemption ☐ Yes ☐ No If yes, state reason _____
- State Certification Number _____ Expiration _____
- State Registration Number _____ Expiration _____
- State Exemption certificate _____
- Health Department Certificate _____

Please supply the City with a copy of any/all other licenses held by your business.

*****By signing the following you are agreeing to follow all regulations and understand that if not all regulations are adhered to, your company will not be allowed to hold a seasonal or special event sale within the City of Belleview for a period of twelve (12) months.**

The undersigned does hereby request that an 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.

I swear or affirm that the above information is true and correct to the best of my knowledge:

Signature

Date

Title of Applicant _____