



CITY OF BELLEVIEW

City with Small Town Charm

www.belleviewfl.org

Development Services

5525 SE 119th St.

Belleview, FL 34420

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BUSINESS TAX APPLICATION

CHECK ONE OF THE FOLLOWING: NEW BUSINESS TRANSFER

BUSINESS NAME, ADDRESS, TELEPHONE & EMAIL

OWNER'S NAME, ADDRESS, TELEPHONE & EMAIL

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS:

IF CORPORATION LIST MEMBERS OFFICERS

EMERGENCY CONTACT NAME & TELEPHONE

1.) _____

2.) _____

BUSINESS INFORMATION:

DATE BUSINESS STARTED AT THIS ADDRESS _____ TYPE OF BUSINESS _____

IF RETAIL OR PROFESSIONAL SERVICES SPECIFY TYPE _____

SHOPPING CENTER NAME, IF APPLICABLE _____

GARBAGE SERVICE PROVIDER (REQUIRED IF INSIDE CITY LIMITS) _____

GROSS SQUARE FOOTAGE _____ NUMBER OF EMPLOYEES _____

NUMBER OF PARKING SPACES FOR YOUR BUSINESS (REQUIRED) _____

PLEASE COMPLETE THE SECTIONS APPLICABLE TO YOUR BUSINESS:

GAS PUMPS _____ UNDERGROUND TANKS _____

CHEMICALS/HAZARDOUS MATERIALS USED/SOLD (SPECIFY) _____

HAZARDOUS WASTE (SPECIFY) _____

WILL ANY USED ITEMS BE BOUGHT OR SOLD _____ YES _____ NO _____

RESTAURANTS: NUMBER OF SEATS _____ DRIVE IN WINDOW: YES _____ NO _____

BARBER OR BEAUTY SHOPS: NUMBER OF CHAIRS _____ HOTEL, MOTEL, ROOMING HOUSE # OF ROOMS _____

NUMBER OF VENDING MACHINES _____ DO YOU OWN OR LEASE VENDING MACHINES _____

INTERNET CAFÉ: NUMBER OF GAMING DEVICES _____ NUMBER OF GAMING TABLES _____

IF LEASING VENDING MACHINES, FROM WHO _____

MACHINERY USED/NOISE LEVELS _____

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 _____

ADDITIONAL REQUIREMENTS: (ATTACH COPIES OF ANY STATE OR COUNTY LICENSE HELD)

ELIGIBLE FOR EXEMPTION YES _____ NO _____ REASON _____

STATE CERTIFICATION # _____ EXPIRATION _____

STATE EXEMPTION CERTIFICATE # _____

HEALTH DEPARTMENT CERTIFICATE # _____

AS REQUIRED BY CITY OF BELLEVUE CODE (SEC. 78-123) AND FLORIDA § 205:

STATE OF FLORIDA SALES TAX # _____

FEDERAL TAX IDENTIFICATION # (FEIN) _____

PROOF OF FICTITIOUS NAME OR CORPORATION REGISTRATION FROM SUNBIZ.ORG

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.

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** _____

OFFICE USE ONLY

IS ZONING OF PROPERTY CORRECT? YES _____ NO _____

IS THE REQUESTED USE ALLOWED IN THE ZONING DISTRICT? YES _____ NO _____

OF PARKING SPACES REQUIRED: _____ PARKING AVAILABLE: _____

IS A SITE PLAN REQUIRED? YES _____ NO _____

IS BUILDING PERMIT REQUIRED? YES _____ NO _____

IS SIGN PERMIT REQUIRED? YES _____ NO _____

APPROVED _____ DENIED _____ REVIEWER: _____

COMMENTS: _____
