



CITY OF BELLEVIEW

"City with Small Town Charm"

DEVELOPMENT SERVICES DEPARTMENT

5525 SE 119th St., Belleview, Florida 34420

www.belleviewfl.org Email: DSStaff@belleviewfl.org

Telephone: (352) 245-7021 Fax: (352) 307-7708

Project #: _____
Received by: _____
Application Date: _____
Fees Rec'd: _____

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, ADDRESS & 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 (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 LEASE 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.

DRIVERS LICENSE NUMBER _____ DATE OF BIRTH _____

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

PARKING 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: _____