



CITY OF BELLEVUE

"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 Receipt Update Form

Business Name: _____

Business Telephone Number: _____

Business Address: _____

Mailing Address: _____

Owner Name: _____

Owner Telephone Number: _____

Email Address: _____

Gross Square Footage: _____

Number of Employees: _____

Number of Restaurant Seats (If Applicable): _____

Number of Rooms/Apartments/Rental Units (If Applicable): _____

Business Hours: _____

Alarm System: _____ No _____ Yes If Yes, what type _____

Direct _____ Telephone Dialer _____ Audible _____ Other _____

Federal ID (EIN) #: _____

State License (If Applicable): _____

Solid Waste Carrier (Required if inside Belleview City Limits): _____

Emergency Contacts

Name: _____ Telephone: _____

Name: _____ Telephone: _____

****VENDING MACHINE COMPANIES MUST PROVIDE A LIST OF MACHINE LOCATIONS AND NUMBER OF MACHINES AT EACH LOCATION.****