



# CITY OF BELLEVIEW

City with Small Town Charm  
[www.belleviewfl.org](http://www.belleviewfl.org)

## Development Services

5525 SE 119<sup>th</sup> St.  
Belleview, FL 34420  
Office: 352-245-7021  
Email: DSStaff@belleviewfl.org

### BUSINESS TAX APPLICATION (NO PHYSICAL LOCATION IN THE CITY)

CHECK ONE OF THE FOLLOWING:  NEW BUSINESS  TRANSFER

BUSINESS NAME, ADDRESS & TELEPHONE

OWNER'S NAME, ADDRESS & TELEPHONE

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#### MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS:

IF CORPORATION LIST MEMBERS OFFICERS

EMERGENCY NAME, ADDRESS & TELEPHONE

1.)

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2.)

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#### BUSINESS INFORMATION:

DATE BUSINESS STARTED AT THIS ADDRESS

FORM OF BUSINESS

IF RETAIL OR PROFESSIONAL SERVICES SPECIFY TYPE

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

ELIGIBLE FOR EXEMPTION  YES  NO REASON

STATE CERTIFICATION #

EXPIRATION

STATE REGISTRATION #

EXPIRATION

STATE EXEMPTION CERTIFICATE #

HEALTH DEPARTMENT CERTIFICATE #

FEDERAL EIN #

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!

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 \_\_\_\_\_