



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 (NO PHYSICAL LOCATION IN THE CITY)

CHECK ONE OF THE FOLLOWING: _____ NEW BUSINESS _____ TRANSFER

BUSINESS NAME, ADDRESS & TELEPHONE

OWNER'S NAME, ADDRESS & TELEPHONE

MAILING ADDRESS IF DIFFERENT FROM BUSINESS ADDRESS:

IF CORPORATION LIST MEMBERS OFFICERS _____

EMERGENCY NAME, ADDRESS & TELEPHONE

1.) _____

2.) _____

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 _____