



**CITY OF BELLEVIEW**  
*"City with Small Town Charm"*  
 DEVELOPMENT SERVICES DEPARTMENT  
 5525 SE 119<sup>th</sup> St., Belleview, Florida 34420  
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 Telephone: (352) 245-7021 Fax: (352) 307-7708

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

**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!**

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** \_\_\_\_\_