



# 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 (SEASONAL SALE-CHRISTMAS PARADE)

Business Name, Address & Telephone

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Mailing Address:

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If Corporation list members or officers: \_\_\_\_\_

Type of business/organization: \_\_\_\_\_

\_\_\_\_\_ For Profit      \_\_\_\_\_ Non-Profit      \_\_\_\_\_ Exempt

If retail or professional services specify type \_\_\_\_\_

Emergency Name, Address & Telephone

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorized Representatives: (Badges Issued)

Name:

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Name:

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**\*\*Please provide an I.D. sized picture of each Authorized Representative. \*\***

No representative listed above has been convicted of a felony or moral turpitude.

\_\_\_\_\_  
Signature of President/Owner

Date(s) of sale/event name: \_\_\_\_\_

Form of Business \_\_\_\_\_

Booths, carts, etc. set up on private property will require property owner authorization.

Authorization submitted with application \_\_\_\_ Yes \_\_\_\_ No **\*\*Not permitted in right of way.**

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please complete the sections applicable to your business:**

**Additional Requirements:**

- Eligible for Exemption ☐ Yes ☐ No Reason \_\_\_\_\_
- State Certification Number \_\_\_\_\_ Expiration \_\_\_\_\_
- State Registration Number \_\_\_\_\_ Expiration \_\_\_\_\_
- State Exemption certificate \_\_\_\_\_
- Health Department Certificate \_\_\_\_\_
- Federal EIN Number \_\_\_\_\_

Department of Agriculture 1-800-435-7352

Department of Business and Professional Regulations 1-850-487-2252

Department of Health 1-904-487-3220

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**Please supply the City with a copy of all other licenses held by your business.**

1. This license shall be good for a period of time not more than six hours prior to the beginning of the parade and not more than one hour after the completion of the parade.
2. This license shall be for the area along the parade route and an area extending 100 feet on either side of the route.
3. Identification photograph and badge must be worn at all times.
4. No business shall be conducted between the passing parade and assembled spectators.

**All information supplied shall become public record.**

**I swear or affirm that the above information is true and correct to the best of my knowledge:**

\_\_\_\_\_  
**Signature** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title of Applicant**