



CITY OF BELLEVIEW

City with Small Town Charm

www.bellevuefl.org

Development Services

5525 SE 119th St.
Bellevue, FL 34420
Office: 352-245-7021
Email: DSStaff@bellevuefl.org

BUSINESS TAX APPLICATION (SEASONAL SALE-CHRISTMAS PARADE)

Business Name, Address & Telephone

Mailing Address:

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:

Name:

****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

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 _____