



**CITY OF BELLEVIEW**  
*"City with Small Town Charm"*  
 DEVELOPMENT SERVICES DEPARTMENT  
 5525 SE 119<sup>th</sup> St., Belleview, Florida 34420  
[www.belleviewfl.org](http://www.belleviewfl.org) Email: [DSStaff@belleviewfl.org](mailto:DSStaff@belleviewfl.org)  
 Telephone: (352) 245-7021 Fax: (352) 307-7708

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

**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.

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