



Development & Neighborhood Services Department  
 100 S. Myrtle Avenue, Suite 210  
 Clearwater, FL 33756  
 Telephone: (727) 562-4567 Fax: (727) 562-4576  
 www.myclearwater.com

Hours:  
 8:00-4:30 Mon, Tues, Thurs. Fri.  
 8:00-2:30 Wed.

## APPLICATION FOR BUSINESS TAX RECEIPT

Application Must Be Submitted in Person [Do Not Mail]

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Fictitious Name Cert # \_\_\_\_\_ (If you are using a business name other than your first / last name)

Physical Business Address (not a PO Box): \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax (\_\_\_\_) \_\_\_\_\_

### BUSINESS OWNER INFORMATION

Owner / Qualifier Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Mailing Address (if different than above): \_\_\_\_\_ Suite/APT # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ DATE OF BUSINESS OPENING \_\_\_\_\_

Description of Business: \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

Please check/complete all that apply:  Individual  Partnership # \_\_\_\_\_  Corporation # \_\_\_\_\_  
 over 65  Non-profit # \_\_\_\_\_  Disabled Veteran \_\_\_\_\_ %

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of business tax receipt and possible legal action. If granted a business tax receipt, I agree to operate within the city and state laws, and to notify the City of Clearwater, Development and Neighborhood Services Department, if any of the information I have given changes. I also certify that I am the business owner or owner's legal agent.

Signature & Title \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### FOR CITY USE ONLY:

Department Approval	Date	Staff Initials	Category #	Fee Amount
Zoning				
Traffic Eng				
Building				
Police				
Fire				
DBPR/PCCLB			TOTAL →	
Fictitious Name				
OTHER				

OCL- \_\_\_\_\_