



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

APPLICATION FOR BUSINESS TAX RECEIPT

Application Must Be Submitted in Person [Do Not Mail]

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

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				

BTR- _____

REG- _____