

**APPLICATION FOR BUSINESS TAX RECEIPT**

Effective January 1, 2007, in the State of Florida, the term "Occupational License" was replaced with "Business Tax Receipt"

**CITY OF MULBERRY**

**104 S. CHURCH AVENUE, MULBERRY, FL 33860**

**(863) 425-1125**

**LEAVE NO SPACES BLANK ..... PLEASE TYPE OR PRINT ALL INFORMATION**

**FICTITIOUS NAME REGISTRATION MUST ACCOMPANY THIS APPLICATION IF**

you are doing business in a name other than your Legal Corporate name OR if your legal first AND last name are not included in your business name, then you must file a fictitious name registration with the Department of State. ( [www.sunbiz.org](http://www.sunbiz.org) )

**LEGAL BUSINESS NAME:** \_\_\_\_\_ **BUSINESS TYPE:** Inc, Corp., LLC, PA, Other. \_\_\_\_\_

**DBA NAME:** \_\_\_\_\_ **CHECK HERE IF SOLE PROPRIETORSHIP:** \_\_\_\_\_

**NATURE OF BUSINESS:** \_\_\_\_\_ **WHEN DO YOU PLAN TO OPEN:** \_\_\_\_\_

**BUSINESS DESCRIPTION:** \_\_\_\_\_

Attach separate sheet if necessary. If you are a retail business, tell us what you sell, if you are an office use, tell us what you do

**BUSINESS ADDRESS:** \_\_\_\_\_ **SUITE #:** \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT)** \_\_\_\_\_

**BUSINESS PHONE** \_\_\_\_\_ **BUSINESS FAX** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_ **\*FEDERAL TAX ID #** \_\_\_\_\_

**FL SALES TAX #** \_\_\_\_\_

**SQUARE FOOTAGE OCCUPIED (Gross Leasable Space):** \_\_\_\_\_ **WHAT FLOOR? 1ST FL** \_\_\_\_ **2ND FL** \_\_\_\_ **3RD FL** \_\_\_\_

**PROPERTY OWNER / LANDLORD'S NAME & PHONE #:** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

**FIRST NAME**                      **FULL MIDDLE NAME**                      **LAST NAME**

**DATE OF BIRTH (MM/DD/YY):** \_\_\_\_\_ **\*SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **CITY, ST., ZIP** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **POSITION WITH THE BUSINESS (Owner, Officer, Licensee, etc):** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CERTIFICATION/LICENSE #** \_\_\_\_\_ **CERTIFICATION EXP. DATE** \_\_\_\_\_

(Please include a copy of your certification/license: i.e. Brokers/RE Sales License, CRD #, Cosmetologist license #, etc. )

**LIST ALL CORPORATE OFFICERS / DIRECTORS & REGISTERED AGENT: USE SEPARATE SHEET IF NECESSARY.**

1.

FIRST NAME	MIDDLE INITIAL	LAST NAME

2.

FIRST NAME	MIDDLE INITIAL	LAST NAME

3.

FIRST NAME	MIDDLE INITIAL	LAST NAME

INCOMPLETE OR MISLEADING APPLICATIONS WILL BE REJECTED. ALL LINES MUST BE COMPLETE. IF NOT APPLICABLE, PLEASE INDICATE WITH N/A.

\* Required by State Statute FS205.

**I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO COMPLY WITH ALL TOWN ORDINANCES COVERING THE OCCUPATION DESCRIBED HEREIN:**

**DATE:** \_\_\_\_\_ **SIGNATURE OF APPLICANT:** \_\_\_\_\_

**OFFICE USE ONLY: APPROVALS:**

**BUILDING DEPARTMENT APPROVAL:** \_\_\_\_\_ **FIRE DEPARTMENT APPROVAL:** \_\_\_\_\_

**BUSINESS CATEGORY:** \_\_\_\_\_ **FEE :** \_\_\_\_\_ **PAID BY CHECK #:** \_\_\_\_\_

**NOTES/PREVIOUS BUSINESS AT THIS ADDRESS:** \_\_\_\_\_