

BTR # \_\_\_\_\_

**CITY OF INDIAN ROCKS BEACH  
BUSINESS TAX RECEIPT APPLICATION**

Date Rec'd \_\_\_\_\_

1507 Bay Palm Boulevard/Indian Rocks Beach FL 33785, (727) 595-2517

Name of Person Making Application \_\_\_\_\_

Full Name of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address for Renewal Notice \_\_\_\_\_

Business Phone # \_\_\_\_\_ Email \_\_\_\_\_

F.E.I.N. # \_\_\_\_\_ or S.S.N.# \_\_\_\_\_

#Employees \_\_\_\_\_ #Parking Spaces \_\_\_\_\_

Description of Business Activity, Products & Services \_\_\_\_\_

**USAGE/UNIT/FEE INFORMATION:** # Rental Units \_\_\_\_\_

**MERCHANT:** Inventory Amount as of Sept 1 \$ \_\_\_\_\_

**RESTAURANT/LOUNGE:** Seats-Interior # \_\_\_\_\_ Exterior # \_\_\_\_\_

Alcoholic Beverage Designation: \_\_\_\_\_

# Vending/Game Machines \_\_\_\_\_

# Pool Tables \_\_\_\_\_ # Music Machines \_\_\_\_\_

**REAL ESTATE:** # Brokers \_\_\_\_\_ #Sales Associates \_\_\_\_\_

**BEAUTY SALON/BARBER SHOP:** # Stations \_\_\_\_\_

**MARINA:** # Slips/Storage Units \_\_\_\_\_

**GAS STATION:** # Pumps \_\_\_\_\_

**EMERGENCY INFORMATION (after closing alternate name, address and phone number):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I, \_\_\_\_\_, being duly authorized to sign for the business named above  
(please print)

hereby make application for the privilege of engaging in business within the City of Indian Rocks Beach, Florida. I further understand that the business will adhere to the laws, statutes and City ordinances that may apply to this business. I acknowledge that I have read this application, and should the business be found guilty of violation of any law, statute or City ordinance, that the Business Tax Receipt may be revoked by the City of Indian Rocks Beach, Florida, as outlined in Chapter 10 of the City Code of Ordinances.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**NOTE:** The following is required *prior* to the issuance of a Business Tax Receipt:

- ( ) Department of Business & Professional Regulation Registration
- ( ) Department of Business & Professional Regulation Health Certificate (if applicable)
- ( ) Fire Department Inspection: Call 727/595-1117 to request inspection (if applicable)
- ( ) Department of Revenue Certificate (if applicable)

**PENALTY FOR LATE PAYMENT**

Oct 1 @10%; Nov 1 @15%; Dec 1 @20%; Jan 1 @25%

**NOTE:** There shall be a **nonrefundable fee of \$15.00** for the initial application **plus** an annual fee based upon the business classification for a local business tax receipt (Ord.15-28).