

Receipt # \_\_\_\_\_

INDIAN ROCKS BEACH  
**BUSINESS TAX RECEIPT APPLICATION**

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

1507 Bay Palm Boulevard  
Indian Rocks Beach FL 33785

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

Address \_\_\_\_\_

Phone (Bus.) \_\_\_\_\_ (Home) \_\_\_\_\_

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

Name/Address of Business Owner \_\_\_\_\_

# Employees \_\_\_\_\_

Federal ID # \_\_\_\_\_ SS# \_\_\_\_\_

Driver's License # \_\_\_\_\_

Type of License Required \_\_\_\_\_

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

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

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

Alcoholic Bev Designation: \_\_\_\_\_

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

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

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

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

**# VENDING/GAME MACHINES:** \_\_\_\_\_

# Pool Tables \_\_\_\_\_ # Music Machine \_\_\_\_\_

**EMERGENCY INFORMATION (after closing: alternate names, addresses and phone numbers):**

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
- ( ) IRB Building Dept. Business Inspection: Call 727/596-4759 for a new business inspection, or if the type of business has changed.

**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 for a local business tax receipt. (Ord.15-28)