BTR #	_ CITY OF INDIAN ROCKS BEACH BUSINESS TAX RECEIPT APPLICATION 1507 Bay Palm Boulevard/Indian Rocks Beach FL 33785, (727) 595-2517	te Rec'd
Name of Person Making	Application	
Full Name of Business_		
Business Address		
Mailing Address for Ren	newal Notice	
Business Phone #	Email	
F.E.I.N. #	or S.S.N.#	
#Employees	#Parking Spaces	
Description of Business	Activity, Products & Services	
Alcoholic Be # Vene # Pool REAL ESTATE: BEAUTY SALON	COUNGE: Seats-Interior # Exterior # everage Designation: ding/Game Machines # Music Machines # Brokers #Sales Associates N/BARBER SHOP: # Stations # Pumps # Pumps	
EMERGENCY INFORM	IATION (after closing alternate name, address and phone	number):
Name:	Phone:	
Address:		
	or the privilege of engaging in business within the City of India he business will adhere to the laws, statutes and City ordinar	ian Rocks Beach, Florida. I
	net I have read this application, and should the business be found	0 11 0

a. I his 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%