



THE CITY OF BUNNELL, FLORIDA
CROSSROADS OF FLAGLER COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
Phone: 386-437-7516 Fax: 386-437-8253

LBTR No: _____
Official Use Only

Standard Vendor _____
Temporary Vendor _____

Local Business Tax Receipt Application

Business name: _____

Business location (not a PO Box) _____ Home Occupation: Y ___ N ___

Business mailing address: _____, City/State/Zip: _____

Business phone: _____, Fax: _____, Emergency: _____

Email address: _____

Business owner / manager: _____

Business owner / manager mailing address: _____ Phone: _____

Business FEIN: ____ - ____ - ____ or SSN (only if no FEIN): ____ - ____ - ____

Type of business (describe in detail the service, products, and activities to be sold or provided): _____

- Individual Corporation Partnership Other

Businesses regulated by The State of Florida:

State certification or registration number(s): _____

Tattoos / Permanent Makeup / Body Piercing (location requires approval): Present a copy of the Permit(s) or Exemption(s) from the County Health Department for each type of occupation.

Alcohol/Beer/Wine: Copy of State license or permit or extension (location specific): _____

NOTE: Copy of all applicable license(s), permit(s) and/or registration(s) that this type of business requires must accompany this application

To ensure accuracy, no blank spaces to left unfilled. If it does not apply, place "--" or "n/a" in the space provide.

No. of Coin Operated Washers	_____	Number of Employees Including Owner	_____
No. of Coin Operated Dryers	_____	Restaurant: number of Seats	_____
No. of Coin Operated Vending Machines	_____	Liquor License, Copy required	_____
No. of Coin Operated Bill Changers	_____	Storage Facility: # of enclosed units	_____
Beauty Parlor/Barber Shop: # of Stations	_____	Storage Facility: # of Outdoor Spaces	_____
Apt/Hotel/Motel: # of Rooms or Apts.	_____	(Attach layout or plan of units/spaces)	_____
Filing Station: # of Pumps	_____	No. of ATMs	_____

By signing this application I certify that the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be cause for immediate revocation of any Local Business Tax Receipt issued to me. I understand that the issuance of this Local Business Tax Receipt does not permit engaging in or managing any business in violation of federal, state or local law, regulation, ordinance or order. I also understand that any person who engages in or manages any business, occupation, or profession without first obtaining a Local Business Tax Receipt, if required, is subject to any penalties provided by law or ordinance.

SIGNATURE _____

DATE _____

Manager/Owner/Operator

*****Businesses regulated by the Florida Department of Professional Regulation must attach a copy of their Florida State License if paying tax for the first time. Pharmacists must provide current board of Pharmacy permits. Assisted living facilities must prove licensure by Agency for Health Care Administration. Pest Control businesses must provide license issued by Department of Agriculture and Consumer Services (DACs). Ballroom dance studios, Health studios, Sellers of travel, Telemarketing services, Motor vehicle repair shops and Pawn shops must provide documentation from Department of Agriculture and Consumer Services (DCAS). Department of Revenue Secondhand Dealers license if re-selling goods to the public.**

Office Use Only:

Zoning: _____

Change of Use: YES

NO

Approval from Zoning Official

_____ Date: _____

***** Applicant must call 386-503-7306 to schedule a fire inspection BEFORE the BTR can be issued.**

Required: YES

NO

Fire Inspection Date: _____