



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

TEMPORARY VENDOR Local Business Tax Receipt

Business name: _____

Name of Event: _____ Event Date(s): _____

Event location: _____

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

Business phone: _____ Fax: _____ Emergency: _____

Business owner / manager: _____ Phone: _____

E-mail address: _____

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

Type of temporary business (describe in detail the service or products to be sold or provided, i.e. jewelry, food, holiday sales, t-shirts, etc.): _____

NOTE: Florida-based businesses: A copy of a Local Business Tax Receipt for the business location must be provided. Any tent over 200 square feet or used in conjunction with cooking shall be approved by the Fire Marshall.

For businesses regulated by the State of Florida:

Type of Regulated Business _____ State certification or registration number(s): _____

For Tattoos / Permanent Makeup / Body Piercing, a permit or exemption is required from the County Health Department for each type of occupation. Permit number: _____

For Alcohol/Beer/Wine: A state permit is required. Permit number: _____

NOTE: Businesses regulated by the State of Florida: A Copy of all applicable license(s), permit(s) and/or registration(s) must accompany this application.

I certify that the information provided above is true and correct to the best of my knowledge. I understand that the issuance of a business tax receipt does not preclude the property owners/vendors from also complying with all applicable Local, County or State laws, rules, regulations, and ordinances.

Applicant: _____ Signature: _____

(Please Circle) ~ Manager / Owner / Operator of Vendor Business

Date: _____