



CITY OF MARY ESTHER

Business Tax Receipt Administrator
195 N. Christobal Rd., Mary Esther, FL 32569
Ph: 850-243-3566 x 10 Fax: 850-243-0736
E-Mail: licenses@cityofmaryesther.com
Website: cityofmaryesther.com

Application Date: _____

Business Tax Receipt #: _____

BUSINESS TAX RECEIPT APPLICATION

| |
|--|
| ___ New Business |
| ___ Change of Address—Former Address _____ |
| ___ Business Name Change—Former Name _____ |

| | | | |
|--------------------------------------|--------|-------------------------------|--|
| BUSINESS INFORMATION | | | |
| BUSINESS NAME: _____ | | | |
| BUSINESS ADDRESS: _____ | | | |
| (Street) | (City) | (State) | (Zip) |
| MAILING ADDRESS: _____ | | | |
| (Street) | (City) | (State) | (Zip) |
| NAME OF PLAZA: _____ | | | |
| BUSINESS PHONE #: _____ | | ADDITIONAL PHONE #: _____ | |
| If Applicable State License #: _____ | | Fictitious Name Reg. #: _____ | |
| Okaloosa County Tax Receipt #: _____ | | Corporation _____ | S-Corp _____ LLC _____ Sole Proprietor _____ |
| Web-Site: _____ | | E-Mail Address: _____ | |

| | | | |
|--|----------------|--------------|-------|
| APPLICANT/OWNER | | | |
| OWNER NAME: _____ | PHONE #: _____ | | |
| CORPORATION: _____ | PHONE #: _____ | | |
| ADDRESS: _____ | | | |
| (Street) | (City) | (State) | (Zip) |
| Pursuant to F.S. 205.0535 (5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available the applicant must complete the attached form with the Social Security number for the person being taxed pursuant to section FS. 119.071 (5). | | | |
| FEIN: _____ | | | |
| DRIVER'S LICENSE #: _____ | | STATE: _____ | |

CONTINUE ON REVERSE SIDE



| | | | | |
|--|-----------------------------|-----|----------------------|-----|
| DESCRIBE NATURE OF BUSINESS: If taxi, cab, airport shuttle business: provide number of vehicles: _____ | WILL YOUR BUSINESS REQUIRE? | | ARE YOU CLAIMING? | |
| | Remodeling/Renovation | Y N | Veterans Exemption | Y N |
| | Utilize Outside Storage | Y N | Disability Exemption | Y N |
| | Handle Hazardous Material | Y N | Non-Profit Exemption | Y N |
| | Sell Alcoholic Beverages | Y N | Age Exemption | Y N |

PLEASE SUPPLY QUANTITY AS APPLICABLE:

Merchandise Retail, Wholesaler, Industrial, and Entertainment/Amusement Businesses: Gross Square Feet of Floor Area as Reflected in your Lease/Floor Plan _____

ACFL, Apartments, Hotels, Motels, Boardinghouse: Number of Units/Rooms _____

Restaurant-Including Fast Food, Drive Through, Specialty Dessert, Deli, Dinner Theater: Number of Chairs/Stools/Seats for Food Service and Lounge Areas _____

Amusement Vending: Number of Coin Operated Machines _____

In addition to the regulation of the City of Mary Esther, there may additional approvals and/or restrictions imposed by other agencies. I further understand that I cannot operate my business prior to having a Business Tax Receipt from the City of Mary Esther.

I hereby declare this application has been examined by me as of this date and to the best of my knowledge and belief is true and accurate.

SIGNATURE TITLE APPLICANT'S NAME DATE
(Please Print)

FOR OFFICE USE ONLY

BUSINESS CLASS: _____ FEE AMOUNT: _____ RECEIPT #: _____

Copy of Driver's License State Licenses FIRE DEPT INSPECTION
Approved
By: _____

Fictitious Name Articles of Incorporation

County Tax Receipt Copy of FEIN or SS # FEE: _____

Copy of Exemption Verification (Veteran, Disability & Non-Profit)

Senate Bill 100 Exemption

ISSUED BY: _____ DATE: _____