



# 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 ID # \_\_\_\_\_

## BUSINESS TAX RECEIPT APPLICATION

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

<b>BUSINESS INFORMATION</b>			
Business Name (DBA): _____			
Business Address: _____			
	(Street)	(City)	(State) (Zip)
Mailing Address: _____			
Business Phone # _____		Secondary Phone # _____	
Website: _____		Email: _____	
Corporation___ S-Corp___ LLC___ Sole Proprietor___ Fictitious Name Registration # _____			
Corporation Name: _____			
Mailing Address: _____			
	(Street)	(City)	(State) (Zip)
Owner Name: _____		Phone # _____	
Drivers License # _____		State: _____	
FEIN or SSN: _____		Okaloosa County Tax Receipt # _____	
If Applicable, State License # _____			
<small>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).</small>			

CONTINUE ON REVERSE SIDE



DESCRIBE NATURE OF BUSINESS: _____ _____ _____ _____	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
	Home Based Business	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 \_\_\_\_\_

If taxi, cab, airport shuttle business, provide number of vehicles \_\_\_\_\_

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 requirements of the City of Mary Esther, there may be additional approvals or requirements of other agencies or authorities that must be met prior to engaging in business activities. By signing below, I hereby agree and promise to not engage in any business activities until I have obtained a City of Mary Esther Business Tax Receipt and met all other obligations that I am responsible for as they relate to engaging in business activities. I hereby certify that this application has been examined by me and as of this date is true and correct.

_____ SIGNATURE	_____ TITLE	_____ APPLICANT'S NAME (Please Print)	_____ DATE
--------------------	----------------	---	---------------

<b>FOR OFFICE USE ONLY</b>		
<input type="checkbox"/> Copy of Driver's License	<input type="checkbox"/> State Licenses	<input type="checkbox"/> FIRE DEPT INSPECTION
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Articles of Incorporation	Approved By: _____
<input type="checkbox"/> County Tax Receipt	<input type="checkbox"/> Copy of FEIN or SS #	Fee \$ _____
<input type="checkbox"/> Copy of Exemption Verification (Veteran, Disability & Non-Profit)	<input type="checkbox"/> PLANNING AND ZONING	
<input type="checkbox"/> Signed Home Occupation Disclosure if a home based business	Approved	Denied
Comments: _____	By: _____	
_____	Date: _____	
_____		
BUSINESS CLASS: _____	FEE AMOUNT \$ _____	RECEIPT # _____
ISSUED BY: _____	DATE: _____	