

CITY OF ZEPHYRHILLS  
5335 - 8TH STREET  
ZEPHYRHILLS, FLORIDA 33542

PH:813-780-0020

FAX:813-780-0021

## BUSINESS TAX RECEIPT APPLICATION

I understand that submitting this application does not allow me to operate or engage in any business within the City of Zephyrhills until a Business Tax Receipt is issued. I further understand that anyone who opens a new business without having obtained a Business Tax Receipt shall be assessed a penalty of 25% of the regular license fee. This shall be in addition to any application delinquent charges. (City of Zephyrhills Ordinance #978-07, 7/09/07).

PLEASE TYPE OR PRINT CLEARLY:

DATE: \_\_\_\_\_

1. NAME OF BUSINESS (DBA) \_\_\_\_\_

(a) CONTACT PERSON \_\_\_\_\_ PHONE \_\_\_\_\_

2. ADDRESS OF BUSINESS \_\_\_\_\_

3. BUSINESS PHONE \_\_\_\_\_ CHECK IF APPLICABLE: INC. \_\_\_\_\_ or P.A. \_\_\_\_\_

4. OWNERSHIP INFORMATION: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

F.E.I. NUMBER \_\_\_\_\_ SS# \_\_\_\_\_ FL D/L# \_\_\_\_\_

5. MAIL RENEWAL NOTICE TO \_\_\_\_\_

6. APPLICANT INFORMATION: NAME \_\_\_\_\_ TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PH: \_\_\_\_\_ SS# \_\_\_\_\_ FL D/L# \_\_\_\_\_

7. ADDITIONAL REQUIREMENTS (IF APPLICABLE): STATE LICENSE # \_\_\_\_\_

MISC. LICENSES \_\_\_\_\_

8. CHECK THE FOLLOWING WHICH APPLIES: \_\_\_\_\_ NEW BUSINESS \_\_\_\_\_ TRANSFER OWNERSHIP  
\_\_\_\_\_ TRANSFER ADDRESS & FROM WHERE \_\_\_\_\_

9. EXPLAIN NATURE/OPERATION OF BUSINESS \_\_\_\_\_

If Insurance Agent, name types of coverage, (e.i. Auto, Life, etc). \_\_\_\_\_

10. IF MERCHANT, GROSS SQUARE FOOTAGE \_\_\_\_\_

### APPLICANT AFFIDAVIT

I acknowledge that the issuance of a Business Tax Receipt is contingent upon compliance with all ordinances, regulations, and provisions of the City of Zephyrhills. Should any structure or conditions be found in conflict with building codes and fire safety requirements, that department shall set forth its objections and requirements for corrections. It is then my responsibility to correct the deficiency and request a reinspection. The Business Tax Receipt may not be issued until those corrections are made in compliance of all City codes and all applicable fees are paid.

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. It is further understood that I must comply with all City of Zephyrhills codes, and failure to correct any conditions in violation is punishable under the code. I understand that if I engage in a business under a Fictitious name, I must comply with the "Fictitious Name Statute," Section 865.09 Florida Statutes.

Signed: \_\_\_\_\_ Witness: \_\_\_\_\_

(APPLICANT)