



**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

**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: \_\_\_\_\_  
 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 _____	

**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 \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_  
 Manager/Owner/Operator

Business 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).

Zoning: \_\_\_\_\_

Change of Use: YES

NO

Approval from Zoning Official

\_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*\* Applicant must call 437-7516 to have a fire inspection scheduled.**

Required: YES

NO

Fire Inspection Date: \_\_\_\_\_

Passed

Failed

Comments: \_\_\_\_\_

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Fire Inspector Approval:

\_\_\_\_\_ Date: \_\_\_\_\_