



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

SPECIAL EVENTS Local Business Tax Receipt

Vendor dates: _____ through _____ (Include setup date and take down date)

Vendor location: _____
 (City of Bunnell Location Where Event Is Being Held) (Separate Application Required For Each Location)

Vendor: _____

Business name: _____

Business location: _____

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

Business phone: _____ Fax: _____ Emergency: _____

Business owner / manager: _____ Phone: _____

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

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

Number of Employees: _____

Florida-based businesses: copy of Local Business Tax Receipt from business home location.

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 permit / extension (location specific): _____

NOTE: (Copy of all applicable license(s), permit(s) and/or registration(s) must accompany this application)

Fire Marshal: If a tent is to be used, it must have sewn into the material from the factory a label stating that it is flame resistant (or flame retardant for cooking), and the organization certifying with the code indicated.

I certify that the information provided above is true and correct to the best of my knowledge. I understand that any false or misleading information provided in this application and/or failure to comply with all applicable Local, County or State laws, rules, regulations, ordinances will be sufficient cause for the immediate revocation of this Tax Receipt. I also understand that a Fire Inspection may be conducted and this Tax Receipt may be revoked if found in non-compliance.

Applicant: _____ Signature: _____
(Please Print) ~ Manager / Owner / Operator of Vendor Business

Property Owner / Manager of Event Location

Property owner or authorized manager of event location: By signing below I am authorizing the Vendor listed above to conduct business on a temporary basis for this event on said date(s) and location as listed above. I understand that this application may be denied if approval for location is not obtained. This Tax Receipt may be revoked if parking becomes insufficient, traffic hazard is created or Fire and Safety requirements are not met.

Name: _____ Phone # _____ Emergency # _____
(Please Print) ~ Owner / Operator / Manager of Event Location

Local Business Tax Receipt #: _____ Signature: _____

Zoning _____

Change of Use YES NO

Approval from Zoning Official

_____ Date: _____