



THE CITY OF BUNNELL, FLORIDA
PO Box 756 Bunnell, FL 32110
Phone: 386-437-7500 x 2308 Fax: 386-437-8253

LBTR# _____

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: _____
Email address: _____
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 _____ Filing Station: # of Pumps _____
No. of Coin Operated Dryers _____ Number of Employees Including Owner _____
No. of Coin Operated Vending Machines _____ Restaurant: number of Seats _____
No. of Pool Tables/Dart Boards/ Amusement Machines _____ Storage Facility: # of enclosed units _____
Salon/Barber/Tattoo Shop: # of Chairs _____ Storage Facility: # of Outdoor Spaces _____
Apt/Hotel/Motel: # of Rooms or Apts. _____ (Attach layout or plan of units/spaces)
No. of ATMs _____

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 _____

Manager/Owner/Operator

***Businesses regulated by the Florida Department of Professional Regulation must attach a copy of their Florida State License. Pharmacists must provide current board of Pharmacy permits. Assisted living facilities, nursing homes, residential centers, etc. must provide license from the 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 (DACS). Department of Revenue Secondhand Dealers license if re-selling goods to the public. Motor vehicle sales, salvage & vehicle auctions require DMV state license. Department of Health regulates body piercing, tattoo studios, mobile home parks, campgrounds, etc. Department of Financial Services for insurance sales.

Office Use Only:

Zoning: _____

Approval from City Official

_____ Date: _____

***** Applicant must call 386-503-7306 to schedule a fire inspection BEFORE the BTR can be issued.**

A copy of the fire inspection report (pink copy of report provided at time of inspection) showing a passed inspection must be brought to City offices BEFORE the BTR can be issued.