

TOWN OF REDINGTON SHORES BUSINESS TAX RECEIPT APPLICATION

Social Security # _____ *

Federal I.D. # _____

For Office Use Only

_____ Acct #

U.S. Citizen? Yes/No Card # _____

Sales Tax # _____

Business Open Date

Date of Birth _____

DAV # _____ % Disability

Driver's License # _____ State

Business Name/Phone _____

Street Address _____

Mailing Address _____

Type of Business

Applicant Name/Phone _____ Driver's Lic. # _____

Applicant Address /Phone _____

Business Owner/Phone _____ Driver's Lic. # _____

Property Owner/ Phone _____

Whom to Notify in Emergency/Phone _____

NOTE: ALL COMMERCIAL BUSINESSES MUST HAVE INSPECTION AND SIGN-OFF BY LOCAL FIRE INSPECTOR BEFORE OBTAINING TAX RECEIPT

Number of Coin Operated Accessory Items:

Pool Tables _____ Music Machines _____ Game Machines _____

Vending Machines _____ Washers _____ Dryers _____

Dry Cleaning _____ Viewing Machines _____ Other _____

Number of the Following:

Employees _____ Parking Spaces _____ Fuel Pumps _____ Taxis _____

Salon Chairs _____ Nail Stations _____ Students _____

Fill in License Numbers that Apply:

Florida State License for Real Estate Broker

Number of Salespersons _____

Florida State License for Real Estate Sales

Florida State License for Other Professionals

Building Contractors: FCILB No. _____ PCCLB No. _____

Charter Boat Documentation No. _____ No. of Passengers _____

Boat name _____

Rental Units Only:

Total Number of ALL hotel, motel, condominium/apartment residence units INCLUDING

Owner or Manager unit _____ Number of units with kitchen facilities

Number of units without kitchen facilities _____

How many units occupies by Owner _____ Manager _____

Restaurants, Lounges, Bars Only:

Number of seats provided _____ Do you serve alcoholic beverages? _____

Classification of Beverage License _____ (Provide copy)

Amount of State fee paid \$ _____

Pinellas County Health Certificate Number (if serving food) _____

Merchants and Merchandise Business Only:

Total inventory as of September 1st \$ _____

Savings and Loan Associations and Banks Only:

Total resources as of December 31st of previous year \$ _____

I CERTIFY THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE OF APPLICANT _____ **DATE** _____

*Social Security Numbers collected as required per FS205.0535 (5) for purposes of identification. Social Security Numbers are also used as unique numeric identifiers, and may be used for search purposes.