TOWN OF REDINGTON SHORES BUSINESS TAX RECEIPT APPLICATION

Business Name _____

Street Address _____

Mailing Address (if different from above) _____

TYPE OF BUSINESS:

Applicant Name_____

Applicant Address /Phone_____

Business Owner/Phone _____

Property Owner/ Phone _____

Emergency Contact/Phone _____

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

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 Number for Real Estate Broker _____

Florida State License Number for Real Estate Sales _____

Number of Salespersons _____

Florida State License # for Other Professionals _____

Building Contractors: FCILB #_____ PCCLB #_____

Charter Boat Documentation #._____ # of Passengers_____ Boat Name _____

Business Tax Receipt for Rentals Only:

RENTAL PERIOD: _____ Annual _____ Vacation/Short Term
<mark>**IF THIS IS A VACATION/SHORT TERM RENTAL , A CERTIFICATE OF USE PERMIT MUST BE OBTAINED**</mark>

TOTAL Number of ALL residential, hotel, motel, condominium/apartment units, INCLUDING Owner/Manager unit _____

Number of units with kitchen facilities _____

Number of units without kitchen facilities _____

Number of units occupied 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.