



City of Greenacres
COMMERCIAL BUSINESS TAX RECEIPT APPLICATION

Date _____

Business Information

Business Name _____

Address _____ City _____ ST _____ Zip _____

Mailing _____ City _____ ST _____ Zip _____

Name of Plaza _____

Business Phone _____ Alternate Phone _____

Web-Site _____ E-Mail Address _____

If Applicable State License Number _____

Applicant or Owner Information

Owner Name _____ Phone _____

Corporation _____ Phone _____

Address _____ City _____ ST _____ Zip _____

Pursuant to F.S. 205.0535 (5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available, the applicant must complete the attached form with the SSN for the person being taxed pursuant to F.F. 119.071 (5).

FEIN _____ or Social Security number to be completed on attached document.

Describe Nature of Business

Proposed Hours of Operation _____ Days Open _____

Number of Employees _____ Number of Vehicles Used _____

Mark below if your business requires the following or if you are claiming any of the following exemptions

- | | |
|--|---|
| <input type="checkbox"/> Remodeling / Renovations | <input type="checkbox"/> Veterans Exemption |
| <input type="checkbox"/> Utilize Outside Storage | <input type="checkbox"/> Disability Exemption |
| <input type="checkbox"/> Handle Hazardous Material | <input type="checkbox"/> Non-Profit Exemption |
| <input type="checkbox"/> Sell Alcoholic Beverages | <input type="checkbox"/> Age Exempt |
| <input type="checkbox"/> Widows Exemption | |

State the quantity below as it applies to your business:

Merchandise Retail, Wholesalers, Industrial, and Entertainment/Amusement Businesses:

Gross square feet of floor area as reflected in your lease/floor plan _____

Assisted Living Facilities, Apartments, Dwelling Rentals, Hotels, Motels, Boardinghouse:

Number of units/rooms _____

Restaurant-Including Fast Food, Drive Through, Specialty Dessert, Deli, Dinner Theater:

Number of chairs/seats for food service and Lounge Areas _____

Amusement, Vending

Number of coin operated machines _____

In addition to the regulations of the City of Greenacres, there may be additional approvals and/or restrictions imposed by other agencies including Homeowners Associations. I further understand that I cannot operate my business prior to receiving a Business Tax Receipt from the City of Greenacres.

I hereby declare this application has been examined by me as of this date and to the best of my knowledge and belief is true and accurate:

Applicant's Signature _____ Title _____

Print Applicant's Name _____ Date _____

FOR OFFICE USE ONLY

Business Tax ID # _____ PCN Number _____

Zoning ____ Approved ____ Denied by _____ Date: _____

Approved Use _____

Inspection Date _____ Inspection Fee\$ _____ Total Amount Due \$ _____

Comments _____