



**BUSINESS TAX RECEIPT APPLICATION**

Town of Palm Shores  
5030 Paul Hurtt Lane  
Palm Shores, Florida 32940  
(321) 242-4555

License # \_\_\_\_\_  
Application Fee \$ \_\_\_\_\_

Category \_\_\_\_\_  
Tax \$ \_\_\_\_\_  
Date Paid \_\_\_\_\_

**Filing this application for a Town Business Tax Receipt does not authorize the applicant to operate or engage in any type of business until the Business Tax Receipt is issued. Any person, firm, or corporation who shall engage in any occupation, business, or profession without a Business Tax Receipt shall be penalized in accordance with the Town Code.**

Today's Date \_\_\_\_\_ Requested Date to Open \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY:

Check all that applies: New License \_\_\_\_\_ Renewal \_\_\_\_\_ Transfer \_\_\_\_\_  
Transferred From: \_\_\_\_\_

1. Name of Business (DBA)/Individual \_\_\_\_\_  
If Professional: Name of Firm/Office/Clinic \_\_\_\_\_
2. Address of Business \_\_\_\_\_ Phone \_\_\_\_\_
3. Home Address \_\_\_\_\_ Phone \_\_\_\_\_
4. Mailing Address (If different) \_\_\_\_\_
5. Explain Nature of Business: \_\_\_\_\_

Is this a Home-Based Business? \_\_\_\_\_ Is this in a Storage Unit Rental? \_\_\_\_\_

6. All Applicants: No. of Employees, Partners, Officers other than self \_\_\_\_\_  
Restaurants, Theaters: No. of Seats \_\_\_\_\_ Vending: No. of Machines \_\_\_\_\_  
Hotels/ Apartments/Hospitals/ Trailer Parks ...No. of Rooms/Units \_\_\_\_\_  
Service Stations: No. of Nozzles/ Fuel Dispensers \_\_\_\_\_  
Barbershop/ Beauty Salon: No. of Stations \_\_\_\_\_

7. State License # \_\_\_\_\_ (Attach Copy)  
Fictitious Name Registration # \_\_\_\_\_ (Attach Copy)  
Reason for Exemption \_\_\_\_\_

8. For Zoning Approval : Legal Description of Business Address  
TWP \_\_\_\_\_ RGE \_\_\_\_\_ SEC \_\_\_\_\_ SUBD \_\_\_\_\_ BL \_\_\_\_\_ LOT/PARCEL \_\_\_\_\_

9. For Code Inspection: Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

10. **Ownership Information: All Corporations, Owners, Partnerships are required to provide Name, Home Address, and SS# on Ownership Information Form attached.**

11. Applicant Information: Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Driver's License # \_\_\_\_\_

**I certify the information on this application is true and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Applicant

OWNERSHIP INFORMATION

F.S. CH. 205.0535 (5) – NO LICENSE SHALL BE ISSUED UNLESS THE FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS OBTAINED FROM THE PERSON TO BE LICENSED.

SOLE PROPRIETORS ONLY:

OWNER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_

CORPORATIONS ONLY:

CORPORATE NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/TOWN \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_  
CHARTER NUMBER \_\_\_\_\_ FILED IN STATE OF \_\_\_\_\_  
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) \_\_\_\_\_

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PARTNERSHIPS OR CORPORATE OFFICERS:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION WITH \$15.00 NON-REFUNDABLE CHECK PAYABLE TO:

TOWN OF PALM SHORES

5030 PAUL HURTT LANE  
PALM SHORES, FL. 32940-7200  
321-242-4555

DEPARTMENT APPROVAL

BUILDING OFFICIAL/ZONING/CODE ENFORCEMENT:   **321-242-4555**  
INSPECTED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

FIRE DEPARTMENT:           **FAX – 633-7100**  
INSPECTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

**WHEN APPLICABLE – (Ex. Restaurants or any establishment that serves food)**

HEALTH DEPARTMENT:   **321-633-2100**  
INSPECTED BY \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

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