

CITY OF NEPTUNE BEACH APPLICATION FOR A LOCAL BUSINESS TAX RECEIPT

Application Date: _____

Business Name: _____

Business Owner: _____

Business Address: _____

Business Phone: _____

Business Description/Type: _____

Floor Sq Ft (Commercial Properties Only): _____

Business Form (circle one) Sole Proprietor , Partnership , S Corp , C Corp , Joint Venture ,
Limited Liability Corporation : _____

Alterations to the site (including signs): _____

State how many: _____ Vending/Game Machines/Billiard/Pool Tables: _____

Federal ID No.: _____ Social Security No: _____

Sales Tax No.: _____ Driver's License No.: _____

State License No. : _____ Date of Birth: _____

Owner's Home Address: _____

Home Phone _____ Will business be operated at home? _____

I, _____ (print name), being authorized to sign for the business named above hereby make application for the privilege of engaging in business within the City of Neptune Beach. I further understand that should the business be found guilty of violation of any law, statute or city ordinance that the local business tax receipt may be revoked. I acknowledge that all information supplied on this application shall become a public record.

Applicant's signature

A DUVAL COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE OBTAINED WITHIN 72 HOURS OF RECEIPT OF A NEPTUNE BEACH LOCAL BUSINESS TAX RECEIPT.

City Hall Office Use Only

Zoning District (circle one) C1 C2 C3 CBD R1 R2 R3 R4 R5

Zoning Comments:

Approval Yes No

Zoning Signature _____ **Date** _____

Fire Marshal Comments

Approval Yes No

Fire Marshal Signature _____ **Date** _____