

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 _____