



Development & Neighborhood Services Department  
 100 S. Myrtle Avenue, Suite 210  
 Clearwater, FL 33756  
 Telephone: (727) 562-4567 Fax: (727) 562-4576  
 www.myclearwater.com

Hours:  
 8:00-4:30 Mon, Tues, Thurs. Fri.  
 8:00-2:30 Wed.

## APPLICATION FOR BUSINESS TAX RECEIPT

Application Must Be Submitted in Person [Do Not Mail]

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Fictitious Name Cert # \_\_\_\_\_ (If you are using a business name other than your first / last name)

Physical Business Address (not a PO Box): \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax (\_\_\_\_) \_\_\_\_\_

### BUSINESS OWNER INFORMATION

Owner / Qualifier Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner Home Phone: (\_\_\_\_) \_\_\_\_\_

Business Mailing Address (if different than above): \_\_\_\_\_ Suite/APT # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ DATE OF BUSINESS OPENING \_\_\_\_\_

Description of Business: \_\_\_\_\_

*Please check/complete all that apply.*  Individual  Partnership # \_\_\_\_\_  Corporation # \_\_\_\_\_  
 over 65  Non-profit # \_\_\_\_\_  Disabled Veteran \_\_\_\_\_ %

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of business tax receipt and possible legal action. If granted a business tax receipt, I agree to operate within the city and state laws, and to notify the City of Clearwater, Development and Neighborhood Services Department, if any of the information I have given changes. I also certify that I am the business owner or owner's legal agent.

Signature & Title \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### FOR CITY USE ONLY:

Department Approval	Date	Staff Initials	Category #	Fee Amount
Zoning				
Traffic Eng				
Building				
Police				
Fire				
DBPR/PCCLB			TOTAL →	
Fictitious Name				
OTHER				

OCL- \_\_\_\_\_

**\*\*\*Employers** can determine if new employees have a valid Social Security numbers through the web site E-Verify @ [www.uscis.gov/everify](http://www.uscis.gov/everify).

E-Verify (formerly known as the Basic Pilot/Employment Eligibility Verification Program) is an Internet based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment eligibility of their newly hired employees.

E-Verify is free and voluntary and is the best means available for determining employment eligibility of new hires and the validity of their Social Security Numbers. [Information obtained from U.S. Citizenship and Immigration Services website.]