



BUSINESS TAX APPLICATION

OFFICE USE ONLY:

License # _____
Date Issued: _____
Fee: _____
Code # _____

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____
Street city state zip

DATE OPENED: _____ **FEDERAL TAX ID#** _____ **TYPE OF OWNERSHIP:** _____

BUSINESS PHONE #: _____ **EMERGENCY PHONE #:** _____

OWNER'S NAME: _____ **SOCIAL SECURITY #:** _____

ADDRESS: _____

PHONE #: _____ **DATE OF BIRTH:** _____ **DRIVER'S LICENSE #:** _____

MANAGER'S NAME: _____ **SOCIAL SECURITY #:** _____

ADDRESS: _____

PHONE #: _____ **DATE OF BIRTH:** _____ **DRIVER'S LICENSE #:** _____

OTHER KEYHOLDER: _____ **PHONE:** _____

TYPE OF BUSINESS: _____

SQ. FOOTAGE: _____ **# OF EMPLOYEES:** _____ **SALES TAX #** _____

IF APPLICABLE:

STATE LICENSE # _____ **EXP. DATE:** _____

NUMBER OF PROFESSIONALS: _____

RESTAURANTS: _____ **# OF SEATS** _____

RENTAL APTS/MOBILE HOMES: # OF UNITS _____

I certify that the information contained herein is true & correct to the best of my knowledge.

Authorized Signature: _____ **Date:** _____

If you are no longer in business, please state date closed, sign, and return this form.
If you have any questions or need additional information, please call (850) 539-2820.
PLEASE RETURN THIS FORM WITH YOUR REMITTANCE