



DATE STAMP

BTR YEAR: OCTOBER 1- SEPTEMBER 30

Business Tax Receipt Application

City of Daytona Beach

301 S. Ridgewood Ave, Daytona Beach, FL 32114

PLEASE TYPE OR PRINT CLEARLY

OFFICE HOURS:
MONDAY-FRIDAY
8 A.M. - 4 P.M.
(386) 671-8140

CHECK THE FOLLOWING WHICH APPLIES:

NEW/Commercial *NEW/Home Occupation Rental

***I acknowledge receipt of Home Occupation Restrictions.**

TRANSFER: Name Location Ownership

Transferred From: _____

(Initial)

1. Business Name/DBA _____

2. Phone # (____) ____ - ____ Fax # (____) ____ - ____ Email Address _____

3. Address of Business _____

4. Mailing Address if Different _____ City _____ State ____ ZIP _____

5. Type of Business _____
(Describe in *DETAIL* the operation/profession at this location)

6. Business Owner _____ Alternate Phone # (____) ____ - ____

7. Home Address _____ City _____ State ____ ZIP _____

8. **Additional Requirements:** Federal I.D. # _____ Or SS # _____ - _____ - _____

State License # _____ Expiration _____

State License # _____ Expiration _____

Sunbiz Registration # _____ Expiration _____

Retail merchants declare opening value of stock in trade, and merchandise on hand, including consigned merchandise \$ _____

Do you own the Business property? YES NO *If NO, provide lease agreement (Commercial)

9. Will you be adding or changing any signs on the outside of the property?
 YES NO *If YES, permit is required from Permits & Licensing Division.

10. **Note:** Zoning must approve this application prior to issuance of the Tax Receipt. Filing this application for a city license does NOT allow applicant to operate or engage in any type of business until the city issues a Business Tax Receipt. Any person, firm or corporation who engages in any occupation, business or profession without a Business Tax Receipt may be punished in accordance with Sec. 90-342 of the City Code of Ordinances. Utility services shall NOT be connected until application is approved by Zoning.

11. The Business describe above Will Will NOT be operated as an adult bookstore and/or adult theatre as defined in Sec.11.3.A.7.a City Land Development Code.

12. Signature of Applicant _____ Title of Applicant _____

OFFICE USE ONLY

Zoning District _____ Zoning Approval _____

Redevelopment Downtown Main St Midtown Zoning Denied _____
 Ballough Rd S. Atlantic NA

BTR # _____ Units # _____ Rooms _____ Seats _____ Quantity _____

Hold For:

State License _____ CO Inspection Permit# _____
 Inspection Fee _____ Other _____

Type _____ Fee _____
Type _____ Fee _____
Type _____ Fee _____
Type _____ Fee _____