



Application / Affidavit for City of Largo Business Tax Receipt

OFFICIAL USE ONLY
LICENSE # _____
TOTAL FEE _____
CATEGORY _____

Application is hereby made for a Business Tax Receipt for the purpose of engaging in the business, profession, or occupation hereinafter described:

(PLEASE PRINT)

Name of Business (d/b/a) _____	Billing Address: _____
Address _____ Zip+4 _____	_____
Telephone No. () _____	_____
Email Address _____	Owner Name _____
FEIN or SS# _____	Address _____
State License number _____	Zip _____
(If applicable need copy)	
U.S. Citizen? _____ Resident Alien? _____	Corporation's Name _____
(need copy of INS card)	

Do you currently own or previously owned/operated a business in the city limits of Largo ____ Yes ____ No

Please check the following boxes that apply to your business. Describe further in Section 2 & 7.

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> AMUSEMENT AND RECREATION (See Section 1) <input type="checkbox"/> AUTOMOTIVE SERVICES (See Section 4) <input type="checkbox"/> BARBER/BEAUTY SHOP / NAIL / TANNING (See Section 3) <input type="checkbox"/> CONTRACTOR (Specify type) _____ <input type="checkbox"/> DRY CLEANING BUSINESS (See Section 6) <input type="checkbox"/> EATING AND / OR DRINKING ESTABLISHMENTS (See Section 1) <input type="checkbox"/> HEALTH CARE FACILITY / SERVICES (Specify type) _____ <input type="checkbox"/> INSURANCE AND / OR BONDING COMPANY <input type="checkbox"/> LANDSCAPING / HORTICULTURAL SERVICES <input type="checkbox"/> LAUNDROMAT (See Section 6) <input type="checkbox"/> MANUFACTURING | <ul style="list-style-type: none"> <input type="checkbox"/> MEDICAL OFFICE <input type="checkbox"/> OTHER PROFESSIONAL (Specify in Section 7) <input type="checkbox"/> MERCHANT - RETAIL & WHOLESALE <input type="checkbox"/> MOBILE HOME PARK / TRAILER PARK / CAMPSITES <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> PUBLIC CONVEYANCE - LIMOUSINES <input type="checkbox"/> REAL ESTATE (See Section 5) <input type="checkbox"/> RENTAL UNITS (See Section 6) <input type="checkbox"/> TAXICABS <input type="checkbox"/> WAREHOUSE / STORAGE FACILITY (See Section 2) <input type="checkbox"/> MISCELLANEOUS (Describe further in Section 7) |
|---|---|

Please check the appropriate boxes and fill in spaces pertaining to your business.

SECTION 1	
<ul style="list-style-type: none"> <input type="checkbox"/> CATERING OR DELIVERY <input type="checkbox"/> DRIVE-IN / DRIVE-THRU <input type="checkbox"/> ENTERTAINMENT <input type="checkbox"/> DANCING <input type="checkbox"/> JUKEBOX 	<ul style="list-style-type: none"> _____ NUMBER OF ALLEYS - BOWLING ALLEY _____ NUMBER OF MACHINES - COIN-OPERATED AMUSEMENT MACHINES _____ NUMBER OF MACHINES - FOOD, BEVERAGE, OR TOY VENDING MACHINES _____ SEATING CAPACITY _____ NUMBER OF VENDING MACHINES

SECTION 2	
_____ TOTAL SQUARE FEET	_____ NUMBER OF EMPLOYEES

SECTION 3		
_____ NUMBER OF STYLING CHAIRS (for hair salons & barbers)	_____ NUMBER OF STYLING CHAIRS (for nail sculptures)	_____ NUMBER OF TANNING BOOTHS

SECTION 4

_____ NUMBER OF GAS HOSES
_____ NUMBER OF CAR RENTALS
_____ NUMBER OF TRUCK RENTALS
_____ NUMBER OF TRAILER RENTALS

- WRECKER SERVICE
- CAR WASH
- WINDOW TINT

_____ NUMBER OF TAXICABS
_____ NUMBER OF VEHICLE CAPACITY
_____ OF PARKING LOT/STORAGE
_____ NUMBER OF PUBLIC CONVEYANCE
-LIMO

SECTION 5

_____ NUMBER OF BROKERS
_____ NUMBER OF ADJUSTERS

_____ NUMBER OF SALESPERSONS
_____ NUMBER OF INSURANCE AGENTS

Please submit an accurate list of every person who issues or contracts on his account by agent, or otherwise to issue policies or contracts for, or agreements with, any local agent/agency which represents you. Please include their mailing address and state license number.

SECTION 6

_____ NUMBER OF RENTAL UNITS
_____ NUMBER OF SPACES (MOBILE HOME PARK)
_____ NUMBER OF WASH AND DRYER MACHINES
_____ NUMBER OF DRY CLEANING MACHINES

- DRY CLEANING SERVICE / DROP OFF
- TAILOR SERVICE

SECTION 7

State character or type of business, profession, or occupation:

I have read the foregoing and certify the information contained herein is correct to the best of my knowledge and belief. Unless specifically requesting establishment of an adult use, I also certify the business, its owners, and its operators are not involved in adult entertainment businesses in Largo or in any other jurisdiction, and have not been convicted of Chapter 794, 796, 800, or 847, Florida Statutes, offenses, or similar statutes of another state. I understand that any misrepresentation shall be grounds for revocation of my license. I also understand that I must comply with all applicable code requirements of the City of Largo.

Date

Signature of Applicant & Title

Printed name of Applicant

MAIL OR DELIVER TO:

City of Largo
Business Tax Receipt
PO Box 296
Largo, FL 33779-0296
727-586-7488
Fax: 727-587-6765

APPLY AT:

City of Largo
Community Development Department
Building Division
201 Highland Ave
Largo, FL 33770

Please make checks payable to "CITY OF LARGO"

www.largo.com

OFFICIAL USE ONLY

COMMENTS:
BUILDING _____
ENGINEERING _____
DEVELOP. SERVICES _____
FIRE _____