



CITY OF LARGO

Community Development Department
Building Division | 727-586-7488

Application/Affidavit for Business Tax Receipt

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: _____

Address: _____

Billing Address: _____

Phone #: _____ Email: _____

Owner Name: _____

Address: _____

FEIN or SS#: _____ State License #: _____

U.S. Citizen? _____ Resident Alien? _____ (need copy of INS card)

Corporation's Name _____

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

Please state character or type of business, profession, or occupation:

Please Indicate the following:

_____ **Total Square Feet**

_____ **Number of Employees**

Please complete all that apply:

_____ 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

_____ Number of Styling Chairs (for hair Salons & Barbers

_____ Number of Styling Chairs (for nail sculptures)

_____ Number of Tanning Booths

_____ Number of Gas Hoses

_____ Number of Car Rentals

_____ Number of Truck Rentals

_____ Number of Trailer Rentals

_____ Wrecker Service

_____ Car Wash

_____ Window Tint

_____ Number of Taxi Cabs

_____ Number of Vehicle Capacity of Parking Lots/Storage

_____ Number of Public Conveyance - Limo

_____ *Number of Brokers

_____ *Number of Salesperson

_____ *Number of Adjusters

_____ *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.

_____ Number of Rental Units
_____ Number of Spaces (Mobile Home Park)
_____ Number of Wash and Dryer Machines
_____ Number of Dry Cleaning Machines
_____ Tailor Service
_____ Dry Cleaning Service/Drop Off

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