



# CITY OF LARGO

Community Development Department  
Building Division | 727-586-7488

**OFFICIAL USE ONLY**

BTR # \_\_\_\_\_  
TOTAL FEE \_\_\_\_\_  
SIC# \_\_\_\_\_

## 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: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

FEIN or SS#: \_\_\_\_\_ State License #: \_\_\_\_\_

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.**

- AMUSEMENT AND RECREATION (See Section 1)
- AUTOMOTIVE SERVICES (See Section 4)
- BARBER/BEAUTY SHOP / NAIL / TANNING (See Section 3)
- CONTRACTOR (Specify type) \_\_\_\_\_
- DRY CLEANING BUSINESS (See Section 6)
- EATING AND/OR DRINKING ESTABLISHMENTS (See Section 1)
- HEALTH CARE FACILITY / SERVICES (Specify type) \_\_\_\_\_
- INSURANCE AND/OR BONDING COMPANY
- LANDSCAPING/HORTICULTURAL SERVICES
- LAUNDROMAT (See Section 6)
- MANUFACTURING
- MEDICAL OFFICE
- OTHER PROFESSIONAL (Specify in Section 7)
- MERCHANT - RETAIL & WHOLESALE
- MOBILE HOME PARK /TRAILER PARK/CAMPSITES
- NON-PROFIT ORGANIZATION
- PUBLIC CONVEYANCE – LIMOUSINES
- REAL ESTATE (See Section 5)
- RENTAL UNITS (See Section 6)
- TAXICABS
- WAREHOUSE/STORAGE FACILITY (See Section 2)
- MISCELLANEOUS (Describe further in Section 7)

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

### SECTION 1

<input type="checkbox"/> CATERING OR DELIVERY	_____ NUMBER OF ALLEYS - BOWLING ALLEY
<input type="checkbox"/> DRIVE-IN / DRIVE-THRU	_____ NUMBER OF MACHINES - COIN-OPERATED AMUSEMENT MACHINES
<input type="checkbox"/> ENTERTAINMENT	_____ NUMBER OF MACHINES - FOOD, BEVERAGE, OR TOY VENDING MACHINES
<input type="checkbox"/> DANCING	_____ SEATING CAPACITY
<input type="checkbox"/> JUKEBOX	_____ NUMBER OF VENDING MACHINES

### SECTION 2

_____ TOTAL SQUARE FEET	_____ NUMBER OF EMPLOYEES
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**SECTION 3**

_____ NUMBER OF STYLING CHAIRS (for hair salons & barbers)	_____ NUMBER OF STYLING CHAIRS (for nail sculptures)	_____ NUMBER OF TANNING BOOTHS
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**SECTION 4**

_____ NUMBER OF GAS HOSES	_____ WRECKER SERVICE	_____ NUMBER OF TAXICABS
_____ NUMBER OF CAR RENTALS	_____ CAR WASH	_____ NUMBER OF VEHICLE CAPACITY OF PARKING LOTS/STORAGE
_____ NUMBER OF TRUCK RENTALS	_____ WINDOW TINT	_____ NUMBER OF PUBLIC CONVEYANCE - LIMO
_____ NUMBER OF TRAILER RENTALS		

**SECTION 5**

_____ NUMBER OF BROKERS	_____ NUMBER OF SALESPERSONS
_____ 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.

**SECTION 6**

_____ NUMBER OF RENTAL UNITS	
_____ NUMBER OF SPACES (MOBILE HOME PARK)	<input type="checkbox"/> TAILOR SERVICE
_____ NUMBER OF WASH AND DRYER MACHINES	<input type="checkbox"/> DRY CLEANING SERVICE / DROP OFF
_____ NUMBER OF DRY CLEANING MACHINES	

**SECTION 7**

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

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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