

CITY OF SANIBEL  
800 DUNLOP ROAD  
SANIBEL FL 33957  
239-472-9615

LICENSE # \_\_\_\_\_  
CONTROL# \_\_\_\_\_  
LOCATION# \_\_\_\_\_

**APPLICATION FOR BUSINESS TAX RECEIPT  
RENTAL PROPERTY**

LOCATION OF RENTAL PROPERTY: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Florida State law (205.0535, F.S.) requires that you provide us with your Federal ID number and/or your Social Security number prior to issuance of your license.

APARTMENT/CONDO	( )
DUPLEX	( )
SINGLE FAMILY DWELLING	( )

Federal ID #: \_\_\_\_\_ and/or Social Security #: \_\_\_\_\_

NAME OF APPLICANT/OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION FOR POLICE DEPARTMENT ONLY

PRIMARY CONTACT

SECONDARY CONTACT

NAME OF CONTACT PERSON:	_____	_____
ADDRESS:	_____	_____
TELEPHONE #:	_____	_____

ALARM TYPE: ( ) NONE ( ) AUDIBLE ( ) TELEPHONE ( ) DIRECT LINE

THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

STATE OF FLORIDA

COUNTY OF LEE

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

(STAMP)

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

APPROVED: PLANNING \_\_\_\_\_ DATE \_\_\_\_\_ ORDINANCE CODE# \_\_\_\_\_

APPROVED: BUILDING \_\_\_\_\_ DATE \_\_\_\_\_ TAX \_\_\_\_\_

APPROVED: CITY MANAGER/DESIGNEE \_\_\_\_\_ DATE \_\_\_\_\_ PENALTY \_\_\_\_\_

\_\_\_\_\_  
LICENSE CLERK \_\_\_\_\_ TOTAL AMOUNT \_\_\_\_\_

