

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

LICENSE #	_____
CONTROL#	_____
LOCATION#	_____

APPLICATION FOR BUSINESS TAX RECEIPT () REGISTRATION ()

TYPE OF BUSINESS: _____

NAME OF BUSINESS/TRADENAME/d/b/a: _____

LOCATION OF BUSINESS: _____ SUITE #: _____

MAILING ADDRESS OF BUSINESS: _____

TELEPHONE #: _____ EMAIL ADDRESS: _____

CHECK ONE: INDIVIDUAL () PARTNERSHIP () CORPORATION ()

NAMES OF PARTNERS OR CORPORATE OFFICERS: _____

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.

FEDERAL ID #: _____ and/or SOCIAL SECURITY#: _____

NAME OF APPLICANT/OWNER: _____

ADDRESS OF OWNER/APPLICANT _____

CITY/STATE/ZIP CODE: _____ TELEPHONE #: _____

DRIVER'S LICENSE #: _____ STATE: _____ BIRTHPLACE: _____ BIRTHDATE: _____

HAVE YOU OR YOUR ORGANIZATION EVER BEEN CONVICTED OF A FELONY OR HAD A BUSINESS OR REGULATORY LICENSE OF ANY KIND REVOKED OR SUSPENDED? YES () NO ()

ALL CONTRACTORS: No Business Tax Receipt/Registration shall be issued to any contractor unless the applicant shall first present proof of a City of Sanibel Contractor License. Sanibel Contractor License #: _____

ALL SANIBEL BUSINESSES:

WILL THIS BUSINESS BE THE ONLY BUSINESS LOCATED IN THE SPACE YOU PROPOSE TO OCCUPY? YES () NO ()

IS THIS BUSINESS A HOME OCCUPATION? YES () NO ()

IF THIS BUSINESS IS A HOME OCCUPATION, A CERTIFICATION OF COMPLIANCE WITH HOME OCCUPATION REQUIREMENTS FORM MUST BE ATTACHED.

IF THE APPROPRIATE TAX IS BASED ON SUCH FACTORS, PLEASE STATE THE NUMBER OF:

SQUARE FEET	_____	RESTAURANT SEATS	_____	EMPLOYEES	_____
UNITS	_____	BICYCLES/BOATS	_____	PUMPS	_____
DEVICES	_____	PIERS/DOCKS	_____	OTHER:	_____

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