

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 IS A HOME OCCUPATION, YOU HAVE READ AND UNDERSTAND THE HOME OCCUPATION ORDINANCE. YES () NO ()
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

