Planning and Development Department
100 S. Myrtle Avenue, Suite 210
Clearwater, FL 33756
Telephone: (727) 562-4720
Fax: (727) 562-4735
www.myclearwater.com

APPLICATION FOR BUSINESS TAX RECEIPT

Application Must Be Submitted in Person [Do Not Mail]

Customer Service Hours:
8:00-5:00 Monday - Friday

BUSINESS INFORMATION

Business Name: _____)

Fictitious Name Cert # _____ (If you are using a business name other than your first / last name

Physical Business Address (not a PO Box): _____ Suite # _____

City State Zip Code

Business Phone: (_____)_____ Business Fax (_____)_____

BUSINESS OWNER INFORMATION

Owner / Qualifier Name: _____ Date of Birth: _____

Owner Home Phone: (_____)_____

Business Mailing Address (if different than above): _____ Suite/APT # _____

City State Zip Code

E-Mail Address: _____ Date of business opening: _____

Description of Business: _____
_____ # of employees _____

Wholesale cost of current inventory for "merchant" category only: $ _____

Please check/complete all that apply: o Individual o Partnership #_____ o Corporation #_____
o over 65 o Non-profit #_____ o Disabled Veteran _____%

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of business tax receipt and possible legal action. If granted a business tax receipt, I agree to operate within the city and state laws, and to notify the City of Clearwater, Development and Neighborhood Services Department, if any of the information I have given changes. I also certify that I am the business owner or owner's legal agent.

Signature & Title _____ Print Name _____ Date _____

FOR CITY USE ONLY:

Department Approval	Date	Staff Initials	Category #	Fee Amount
Zoning				
Traffic Eng				
Building				
Police				
Fire				
DBPR/PCCLB			TOTAL	
Fictitious Name				
OTHER				

BTR- _____

REG-_____

Revised 04.2017

****Employers can determine if new employees have a valid Social Security number through the website E-Verify@uscis.gov/everify

E-Verify (formerly known as the Basic Pilot/Employment Verification Program) is an internet based system operated by the Department of Homeland Security (DHS) in partnership with the Social Security Administration (SSA) that allows participating employers to electronically verify the employment to their newly hired employees.

E-Verify is free and voluntary and is the best means available for determining employment eligibility of new hires and the validity of their Social Security Numbers. [Information obtained from U.S. Citizenship and Immigration Services website]