



CITY OF INDIAN HARBOUR BEACH

BUSINESS TAX RECEIPT APPLICATION

2055 South Patrick Drive • Indian Harbour Beach, FL 32937 • 321-773-3181

OFFICE USE ONLY

DATE RECEIVED

BTR NUMBER

CUSTOMER ID

RECEIVED BY

APPLICANT INFORMATION

A Business Tax Receipt is required before operating a business within the City. Submission of this application does not guarantee approval. Additional permits, inspections, or state licenses may be required. Home-based businesses must comply with all applicable City requirements.

Business location type: ☐ Commercial ☐ Home-based ☐ Other: _____

1. BUSINESS INFORMATION

Legal Business Name

Doing Business As (DBA), if applicable

Business Physical Address

Suite / Unit No.

City, State and ZIP Code

Mailing Address, if different

Business Phone

Business Email

Website

Date Business Began / Will Begin

Federal EIN or SSN (sole proprietor)

Florida Sales Tax No., if applicable

2. PROPERTY / LOCATION INFORMATION

Property Owner Name

Property Owner Phone

Business / Property Address

Parcel ID, if known

Landlord / Property Manager Email

Property Square Footage

3. ALARM INFORMATION

Does the Property Have an Alarm?

If yes, is it registered with the City? What is the permit #?

What is the alarm company name?

Emergency Contact Info #1

Emergency Contact Info #2

Emergency Contact #3

4. BUSINESS OWNERSHIP

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Nonprofit ☐ Other:

Owner / Responsible Party Name

Title

BUSINESS OWNERSHIP CONTINUED..

Home Address

City, State and ZIP Code

Phone Number

Email Address

Registered Agent, if applicable

Sunbiz Document Number

5. BUSINESS ACTIVITY

Type of Business / Profession

Number of Employees

State License Type and Number, if applicable

Expiration Date

Detailed description of business activities, services, or products:

6. REQUIRED DOCUMENTS CHECKLIST

- ☐ Completed Business Tax Receipt Application.
- ☐ Florida Division of Corporations (Sunbiz) registration, if applicable.
- ☐ Copy of your Fictitious Name, LLC or Articles of Incorporation accepted by the Division of Corporations (A Fictitious name is any business name that is not your formal first and last name).
- ☐ Driver's license or government-issued photo identification.
- ☐ Florida sales tax certificate, if applicable.
- ☐ State or professional license, if applicable.
- ☐ Lease agreement or proof of property ownership.
- ☐ If a home-based business is a rental, written permission from the homeowner must be provided with the application.
- ☐ Sketch or drawing of the floor plan of your home showing dimensions of each room and the total home. Label the rooms and identify the area to be used for the home business. (Home-based businesses only.)
- ☐ If the property has an alarm, it must be registered with the City.

☐ Certificate of insurance, if required for the business type (Contractors and handymen).

☐ Other: _____

7. APPLICANT CERTIFICATION

I certify that the information provided in this application and all attachments is true and correct to the best of my knowledge. I understand that issuance of a Business Tax Receipt does not waive or replace compliance with City ordinances, zoning requirements, building and fire codes, or applicable county, state, and federal laws. I authorize City representatives to verify the information provided and to conduct any inspection required for approval.

Applicant Signature

Printed Name

Date

Owner Signature, if different

Printed Name

Date

8. DEPARTMENT REVIEW AND APPROVAL

Department	Approved	Denied	Initials	Date	COMMENTS
City Clerk's Office	☐	☐			
Building Department	☐	☐			
Fire Department	☐	☐			

8. CITY CLERK OFFICE USE ONLY

Business Classification

BTR Fee Amount
\$ _____

Fire Safety Inspection Fee
\$ _____

Payment Method

☐ Cash ☐ Check ☐ Card ☐ Online

Date Paid

Receipt Issued By

Issue Date

Expiration Date

Conditions / Notes

