

**OFFICE USE ONLY:**

REC'D: \_\_\_\_\_ BY: \_\_\_\_\_

LBTR# \_\_\_\_\_

INVOICE# \_\_\_\_\_

Payment is not accepted at the time of application.



**USE THIS FORM TO:** Apply for your City business license, which is known in Florida as your Local Business Tax Receipt (LBTR).

**FEES:** Will vary based on the type of business; found in City Code 74.80. Payment is due on an annual basis.

**IMPORTANT NOTES:** There are a number of pre-requisites for establishing a business. Check with us to guide you to the brochures available. A LBTR has to be obtained before starting any business. Allow up to two (2) weeks for processing your application. Inspections are required for commercial operations prior to issuing the LBTR, but are not required for home occupations. The City collects Social Security Numbers (SSN) only as necessary for use in performance of the City's duties and responsibilities. Federal and state laws require us to protect SSN from disclosure.

**KEY CONTACTS:** The Building Department will guide your application from start to finish, engaging other City departments or agencies as needed.

**Choose type of Application:**  New  Transfer  Change of Address

*If a transfer or change of address, please provide a copy of your current original LBTR and evidence of sale or proof of new lease or sale.*

**Business Name:** \_\_\_\_\_

**Physical Business Address:** \_\_\_\_\_

**Preferred Mailing Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_ **OR Social Security #:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **\*\*Provide a copy of current Photo I.D.\*\***

**Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_ **Owner Phone:** \_\_\_\_\_

**Owner's Home Address:** \_\_\_\_\_

**What is the nature of the business to be licensed?**  
\_\_\_\_\_  
\_\_\_\_\_

**For Commercial/ Store Front Businesses:**

# of Employees: \_\_\_\_\_ # of Stations: \_\_\_\_\_ Change of Use?  Yes  No  
# of Seats (Food/ Beverage Service): \_\_\_\_\_ Square Footage: \_\_\_\_\_  
Is this a new Location?  Yes  No Target Opening Date: \_\_\_\_\_

**You will be required to provide each of the following, if applicable:**

- Fictitious Name and/or Corp. Registration  State License(s), if applicable
- Affidavit for Local Business Tax  Affidavit for Home Local Business Tax
- Workers' Compensation Insurance\*  Florida Sales Tax ID Number
- Certificate of Liability Insurance\*\*

\* By state law, workers' compensation insurance is required for any non-construction business employing four or more people and any construction business with at least one employee.  
\*\*By City Code, if state law requires liability insurance for your profession or occupation, then you must provide proof of that insurance with your LBTR application.

The undersigned states the above information is true and correct as (s)he is informed and believes.

\_\_\_\_\_  
Date Signature of Applicant

STATE OF FLORIDA }  
                                  ss }  
COUNTY OF NASSAU }

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public: Signature Printed Name My Commission Expires

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ ID Produced: \_\_\_\_\_

**For office use only:**

<b>Fire:</b>	Approved by: _____	Date: _____	<b>Building:</b>	Final Inspections? _____	<b>TRC?</b> _____
<b>Planning:</b>	Approved by: _____	Date: _____	<b>Code:</b>	Approved by: _____	<b>Date:</b> _____