



TOWN OF CALLAHAN

BUSINESS TAX RECEIPT APPLICATION

PLEASE PRINT

BTR = \$25.00 FIRE INSPECTION = \$20.00

Section 1: Business Information New Transfer Home Based Office Name Change

Business Name: _____

Street Address: _____ Business Phone: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ SSN or FEIN# _____

City: _____ State: _____ Zip Code: _____

Business Operations/Description: _____

***Food Service Facilities must attach Public Works Dept. Grease Trap Inspection Report call 879-3801. A copy of the State License must be presented or attached.**

Florida Dept. of Business and Professional Regulations License Required –

Submit a copy of all State Licenses and proof of Fictitious Name Registration

License Type: _____ License# _____

License Type: _____ License# _____

Check appropriate box below and attach Florida Dept. of State-Div. of Corporations Documents:

Sole Proprietor Partnership Corporation LLC Fictitious Name Registration

Section 2: Business Owner/Applicant Information

Name: _____ **Copy of Photo ID Attached:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Section 3: Complete all Information that is Applicable to your type of Business.

1. Professional Firm:
of Professionals: _____ (List all professionals & license #'s must be attached)
of Non-Professional Employees: _____

2. Rental or leased units:
Hotel/Motel, Rooming House (# rooms): _____
Apartments/Residential Unit (# units): _____
Campground & recreational vehicle park (# spaces): _____
Mobile Home Park (# spaces): _____
Storage rental/mini storage (# spaces): _____

3. Rental/Wholesale Merchant (total square footage of covered structure or structures plus Uncovered area used, excluding that portion used exclusively for customer parking):

4. Restaurants (# seats): _____

5. Banking and Lending institutions (Total amount of assets):

6. Service Stations (# nozzles): _____

7. Barber salon (# chairs): _____

8. Beauty salon (# chairs): _____

9. Amusement arcades, vending, entertainment:
of Merchandise vending machines: _____
of Service vending machines: _____
of Amusement/music/machine: _____
of Pool Tables: _____
Golf Course (# holes): _____
Mini Golf Course (# holes): _____
Driving Range (not part of course): _____
Bowling Alley (# lanes): _____

10. Non-Profit Charter # _____ attach copy.

Section 4: Certification

I certify that all information contained herein is true and correct to the best of my knowledge and belief. I understand that any false or misleading information in this application may be cause for this license to be revoked.

Signature of Applicant: _____

Date: _____

Food Service/Restaurants: Submit a copy of the following:

1. Health Inspection Report
2. State License from the Division of Hotel and Restaurants
3. State Alcohol and Beverage License (if alcohol beverages will be sold)

Food Outlets: (i.e. supermarkets, grocery stores, convenience stores, meat markets, fruit and vegetable markets, retail bakeries, food processors and similar food operations) Submit a copy of the following:

1. Health Inspection Report
2. State Department of Agriculture and Consumer Services License
3. State Alcohol and Beverage License (if alcohol beverages will be sold).

STATE LICENSE AND REGULATORY REQUIREMENTS FOR BUSINESS ENTITIES

Business Category:	Reference/Requirements
1. Lodging and Food Service	FS 501
2. Health Studios	
3. Ballroom Dance Studios	
4. Telemarketing Business	
5. Auctioneers	
6. Motor Vehicle Repair Shops	
7. Pest control	
1. Sellers of Travel	FS 509
2. Child Care Facilities	
3. Family Day Care Homes	
4. Retail of Fireworks	
5. Adult congregate living facilities: Nursing homes, adult day care, Hospices, convalescent homes	
6. Retail/Wholesale Fresh or Saltwater Fish	

OFFICE USE ONLY

_____ Cash Check# _____

Receipt# _____ License# _____

_____ Annual BTR Tax \$ 25.00

_____ Half Year BTR Tax \$ 12.50

_____ Transfer \$ 3.00

_____ Name Change \$ 3.00

_____ Fire Inspection \$ 20.00

Received by: _____ Date: _____

Planning and Development – Town Ordinance Compliance

Building and Zoning Administrator: _____
(When applicable) Signature Date

Public Works Director: _____
Signature Date

Zoning Classification: _____ Business/Occupation _____
Permitted Use: _____ Yes _____ No

_____ Subject to Town's Sign Standards and Permit Regulations: _____
Initial

_____ Other _____

