CITY OF ATLANTIC BEACH
800 SEMINOLE ROAD, ATLANTIC BEACH, FL 32233

LOCAL BUSINESS TAX APPLICATION

Section 1

APPLICATION TYPE: ☐ New Business ☐ Transfer of Ownership
☐ Transfer to New Location: Previous Location _____

BUSINESS NAME: _____

LOCATION ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____ CELL: _____

EMAIL ADDRESS: _____

BUSINESS ENTITY IDENTIFICATION NUMBER: Federal Employer I.D. Number _____
or
Social Security Number _____

PLEASE EXPLAIN THE NATURE OF THE BUSINESS:

_____

SQUARE FOOTAGE OF BUSINESS PREMISES: _____
(Include both buildings and outside areas used in conjunction with the business, but not patron parking areas.)

Will the following be served? Food: ☐ Yes ☐ No

Alcohol: ☐ Yes ☐ No If yes, Select One: ☐ 1COP ☐ 2COP ☐ 4COP

If restaurant, will dogs be allowed? ☐ Yes ☐ No

Will you have any vending machines? ☐ Yes ☐ No **If yes, please provide quantity and type below:**

_____

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Section 2

APPLICANT/ LOCAL MANAGER/ PRINCIPAL OFFICER: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____

DATE OF BIRTH: _____ DRIVERS LICENSE #: _____(Please attach a copy.)

EMAIL ADDRESS: _____

STATE LICENSE/CERTIFICATION/REGISTRATION # (if applicable, attach copy): _____

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Section 3

I, the undersigned, swear that the above statements are true and correct and I agree to notify the City if there is any change in the above information.

I further understand that issuance of a Local Business Tax Receipt by the City in no way relieves me of the responsibility of compliance with all provisions of the Code of Ordinances pertaining to conducting a business in the City of Atlantic Beach.

PRINT NAME: _____ TITLE: _____

SIGNATURE _____ DATE _____

No person, firm or corporation shall engage in or manage any trade, business, profession, or occupation in Atlantic Beach without first obtaining a Local Business Tax Receipt. Application and/or payment does not constitute approval or issuance of a receipt.