



BUSINESS TAX RECEIPT APPLICATION

City of New Port Richey
Billing and Collections Department
City Hall, 5919 Main Street
New Port Richey, FL 34652
Phone (727) 853-1039 Fax (727) 853-1052

Application Date:	_____
Tax Year:	_____
Classification/SIC#:	_____
Tax Fee/Full/Partial:	_____
Application Fee:	_____ \$50.00
Fire Inspection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Permit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Fee:	_____

TYPE OF ORGANIZATION

Temporary/Special Event Sole Proprietor Corporation/LLC Non-Profit Organization

New Business

Business Name Change, Former Name _____

Addition to Existing Business

Business Transfer BTR Number _____ (Attach original BTR and Proof of Sale)

Change in Use (explain) _____

Home Occupation: Yes No { _____ Initial Restrictions Received

Tax Exempt: Yes No If Yes { _____ Initial Information Letter Received

Non-Profit: Yes No { _____ Initial Waiver Received

BUSINESS INFORMATION

Business **or**
Fictitious Name: _____

Business Type: _____
Be Specific

Business Address: _____
City _____ State _____ Zip _____

Mailing Address: _____
(if different)
City _____ State _____ Zip _____

Business Phone: _____ Cell _____ Fax _____

Email: _____ Website: _____

Emergency 2nd
Night Phone: _____ Emergency: _____

BUSINESS OWNER / MANAGER INFORMATION

Owner Name: **or**

Manager Name: _____

Home Address: _____
City _____ State _____ Zip _____

Home / Cell Phone: _____ Fax: _____

Email: _____

Driver's License #: _____
(copy required) _____ State _____

Social Security: **or**

Federal Tax ID: _____

The City of New Port Richey collects your social security number for the following purposes; classification of accounts; identification and verification; credit worthiness; billing and payments; data collection; reconciliation; tracking, benefit processing; tax reporting; and applicant and employee background checks. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

BUSINESS LICENSE INFORMATION (Please attach copies)

Pasco Co. Business Tax #: _____ Florida State License #: _____

Other Required Licenses: _____

USE OF PROPERTY

Please provide a complete description of the type of business, services offered and any special conditions the business may have such as storage of stock, waste items, parking accessibility.

Primary Use:

Secondary Use:

Services Offered or Items to be Sold:

List Any Impact or Potential Impact to Surrounding Properties:

- Current Number of Employees: _____ • Maximum Number of Employees at One Time: _____
- Hours of Operation: _____ • Days of Operation: _____
- Square Footage (excluding parking): _____
- Coin Operated Machines in Business: # of Devices _____ **List machine owner if different _____
- Eating/Drinking Establishment Seating Capacity (inside and outside): Restaurant _____ Bar _____
- Rental Services: Cars, boats, sites, etc.: Total Number of Rentals _____
- Hospitals, Nursing Homes, ALF : Number of Beds _____ • Daycare: Number of Children _____
- Transportation Services: Number of Passengers _____ or Carriers _____
- Automated Teller Machines (ATM'S) Located on Premises: _____ **List owner info if different _____
- Change In Use: Yes No (from office to retail, retail to service etc.) _____

A city tax receipt does not waive local, state, or federal requirements, licensing, and registration and or certification requirements. The holder of tax receipt must adhere to all land development, life/safety, building and other applicable codes specified for the business location.

ACKNOWLEDGEMENTS

I understand that this business tax is for the privilege of engaging in the business, profession, or occupation shown and only at the address shown hereon. I also understand that the issuance of this business tax does not permit engaging in or managing any business in violation of federal, state or local law, regulation, ordinance or order.

I acknowledge that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any Business Tax Receipt issued to me.

Owner/Applicant Signature _____ Date _____

Acknowledgement for Commercial Location Business

I acknowledge that the issuance of this Business Tax Receipt is contingent upon complying with the building and fire prevention requirements of the City of New Port Richey. I understand that should corrections be necessary, I am not permitted to operate this business until those corrections have been made.

Owner Signature _____ Date _____

TO BE COMPLETED BY CITY

Planning/Zoning Review for Zoning Compliance

Zoning District _____ Future Land Use Category _____ F.E.M.A. Zone _____
 Comments _____
 Approved Disapproved Signature _____

Billing and Collections

Application taken by: _____
 Copy to Development Department _____

EMERGENCY TELEPHONE NOTIFICATION INFORMATION

BUSINESS TAX RECEIPT SUPPLEMENT

PLEASE COMPLETE FOR POLICE DEPARTMENT USE

RETURN WITH RENEWAL NOTICE

Business Name: _____

Location Address: _____

Business Phone: _____

Business Email: _____

Business Owners Email: _____

In the event of an emergency at above named business, please notify:

1 _____ Phone: _____

2 _____ Phone: _____

3 _____ Phone: _____

Special Instructions:

SEC. 13-8.1. Vehicles in association with licensed commercial activity.

It shall be unlawful to operate, park, stand or use, upon any public street within this municipality, any commercial vehicle which is then and there being used in association with any commercial activity, which requires a municipal business tax receipt in order to perform such activity within this municipality, unless said vehicle is designated by lettering of two (2) inches minimum in size on either side of said vehicle indicating the name of the firm or the name of the corporation or person operating the same for commercial use. (Ord. No. 418,S 1,9-15-70)