



STAFF USE ONLY	
License No.	_____
Control No.	_____

**TOWN OF HAVERHILL
PERMITTING AND LICENSING DEPARTMENT**

4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 FAX 561-689-4317

Local Business Tax Receipt

Receipt No.: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Business Phone No.: _____ Business Fax No.: _____

Owner Name: _____ Home No.: _____

Home Address: _____

Mailing Address: _____

Nature of Business: _____

COMPLETE INFORMATION BELOW (if applicable):

Fictitious Name Registration No.: _____ Sales Tax ID No.: _____

Incorporation Registration No.: _____ Federal ID No.: _____

Certification No.: _____ Total Square Feet: _____

Any alterations prior to opening? yes or no Any flammable materials stored? yes or no

Maximum number of:

Employees (including self) _____ *Parking Spaces* _____ *Restaurant Seats* _____

Signs Displayed (no signs for business homes) _____ *Phone Lines* _____

Mechanical Equipment Used: _____

Product or Commodities Sold: _____

Incorporation Information:

President _____ *Vice President* _____

Secretary _____ *Treasurer* _____

Registered Agent _____

I hereby certify that the information given in this application is true and correct and that I agree to comply with all Town of Haverhill Ordinances and Laws of the State of Florida and I understand that any false statements could result in penalties as provided by law.

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY:

ZONING DISTRICT _____ TYPE OF OCCUPANCY _____

PARKING SPACES REQUIRED _____

APPROVED BY _____ DATE _____

LICENSE AMOUNT _____ DATE PAID _____ PAID BY CHECK # _____ OR CASH