



STAFF USE ONLY
License No. _____

TOWN OF HAVERHILL
PERMITTING AND LICENSING DEPARTMENT
4585 Charlotte Street, Haverhill, Florida 33417 561-689-0370 Ext. 2

Local Business Tax Receipt

Business Name: _____

Business Address: _____

Business Phone No.: _____ **Email:** _____

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

Business Tax Receipt Checklist

Please be sure to have all of the following items attached to ensure accuracy. Please place N/A for the item(s) that are not applicable.

1. _____ A copy of the County license.
2. _____ A copy of the Worker's Compensation and Liability (if applicable).
3. _____ A copy of the Insurance (if applicable).
4. _____ A copy of the State Certification (if applicable).

OFFICE USE ONLY:

ZONING DISTRICT _____ TYPE OF OCCUPANCY _____

PARKING SPACES REQUIRED _____

APPROVED BY _____ DATE _____

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