City of Greenacres

Building Department
5800 Melaleuca Lane ▪ Greenacres ▪ Florida ▪ 33463-3515
Ph: 561-642-2053 ▪ Fax: 561-642-2049 ▪ www.ci.greenacres.fl.us

Application Date _____

Business ID # _____

Business Tax Receipt Application

BUSINESS
(Negocio)

Business Name_____
(Nombre del negocio)

Business Address_____
(Direccion) (Street) (City) (State) (Zip)

Mailing Address_____
(Direccion de correspondencia) (Street) (City) (State) (Zip)

Name of Plaza_____
(Nombre del la plaza)

Business Phone #_____ Additional Phone #_____
(Telefono) *(Telefono adicional)*

If Applicable State License #_____ Fict Name Reg. #_____
(Si applica # Licencia del Estado) *(# de Registracion del nombre Ficticio)*

Web-Site _____ E-Mail Address _____

APPLICANT / OWNER
(Aplicante) / (Dueño)

Owner Name_____ Phone_____
(Dueño) *(Telefono)*

Corporation_____ Phone_____
(Corporacion) *(Telefono)*

Address _____
(Direccion) (Street) (City) (State) (Zip)

Pursuant to F.S. 205.0535 (5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available the applicant must complete the attached form with the Social Security number for the person being taxed pursuant to section FS. 119.071 (5).

FEIN_____ or Social Security Number (To be completed on attached document)

DESCRIBE NATURE OF BUSINESS_____
(Describe la naturaleza del negosio)
_____

Proposed Hours of Operation: _____AM/PM to _____AM/PM Days Open: _____
(Horario propuesto del negocio) *(Dias abiertos)*

No. of Employees_____ No. of Vehicles Used by Business _____
(No. de empleados) *(No. de vehiculos usados por el negocio)*

WILL YOUR BUSINESS REQUIRE ?
(Su negocio requiere)

	Yes	No
Remodeling / Renovation. *(Remodelacion o Renovacion)*	☐	☐
Utilize Outside Storage. *(Utilizar estoraje)*	☐	☐
Handle Hazardous Material *(Trabajar con materials dañinos)*	☐	☐
Sell Alcoholic Beverages *(Vende bebidas alcolicas)*	☐	☐

ARE YOU CLAIMING?
(Usted reclama)

	Yes	No
Veterans Exemption *(Exempcion por veterano)*	☐	☐
Disability Exemption *(Exepcion por desabilitado)*	☐	☐
Non-Profit Exemption *(Exepcion por bienes lucrativos)*	☐	☐
Age Exemption *(Exepcion por edad)*	☐	☐

Continue on reverse side.

PLEASE SUPPLY QUANTITY AS APPLICABLE:
(Por favor declare la cantidad aplicable)

Merchandise Retail, Wholesalers, Industrial, and Entertainment/Amusement Businesses:
Gross Square Feet of Floor Area as Reflected in your Lease/Floor Plan_____
(Ventas de Mercancia, Comerciante al por mayor,Industrial, y Negocios de Entretenimiento/divercion.)
(numero de pies cuadrados como refleja su contrato de arendamiento)

ACLF, Apartments, Dwelling Rentals, Hotels, Motels, Boardinghouse
No. of Units/Rooms_____
(ACLF, apartamentos, rentas, hoteles, moteles, casa de huespedes)
(No. de unidades/cuartos)

Restaurant-Including Fast Food, Drive Through, Specialty Dessert, Deli, Dinner Theater
No. of Chairs/Stools/Seats for Food Service and Lounge Areas_____
(Restaurantes inclullendo Comida rapida, Comidas a traves del carro, Especialidades de postre, Cena de teatro)
(No. de sillas/taburetes/asientos para el servicio de comida o salon social)

Amusement, Vending
No. of Coin Operated Machines _____
Maquina de juegos o ventas variables)
(Numero de maquinas operadas por monedas)

In addition to the regulations of the City of Greenacres, there may be additional approvals and/or restrictions imposed by other agencies including Homeowners Associations. I further understand that I cannot operate my business prior to receiving a Business Tax Receipt from the City of Greenacres.

I hereby declare this application has been examined by me as of this date and to the best of my knowledge and belief is true and accurate:

(En adicion a las regulaciones de la Ciudad de Greenacres pueden haber aprobaciones y restricciones impuestas por otras agencias o asociaciones comunitarias, y entiendo que no puedo operar o conducir mi negocio sin antes recibir el recibo de impuestos de la Ciudad de Greenacres.)

(Yo declaro que he examinado esta applicacion este dia y hasta mi conocimiento lo escrito es verda y correcto.)

SIGNATURE ***(Firma)***	TITLE ***(Titulo)***	APPLICANT'S NAME (please print) ***(Nombre del applicante)***	DATE ***(Fecha)***

FOR OFFICE USE ONLY

DISTRICT_____ ZONE_____ PROPERTY CONTROL #_____

USE_____

APPROVED HOURS OF OPERATION _____

APPLICATION HAS BEEN: APPROVED ☐ DENIED ☐ By _____ _____
(Signature) (Date)

COMMENTS_____

BUSINESS CLASS_____ EFFECTIVE DATE _____

SUBCLASS (ES) _____ ITEM CLASS (ES) _____ FEES _____

COMMERCIAL INSPECTION FEE _BTR_____ _____$60.00_____

PENALTIES CODE _____ _____

TOTAL FEE DUE: _____

INSPECTION DATE: _____