



# CITY OF CRESTVIEW

OFFICE OF THE CITY CLERK

P. O. DRAWER 1209, CRESTVIEW, FLORIDA 32536

PHONE # (850) 682-1560 FAX # (850) 682-8077

## BUSINESS TAX RECEIPT APPLICATION

### Section 1 – Type of Business

PLEASE CHECK THE BOX THAT BEST DESCRIBES THE LICENSE TYPE AND PROVIDE ADDITIONAL INFORMATION AS APPLICABLE.

- |  |  |
|--|--|
| <input type="checkbox"/> AGENCIES/BROKERS          | <input type="checkbox"/> LAUNDRY/DRY CLEANERS    |
| <input type="checkbox"/> AUTOMOBILE DEALER         | <input type="checkbox"/> MERCHANTS               |
| <input type="checkbox"/> BANKING/LENDING           | <input type="checkbox"/> PROFESSIONALS           |
| <input type="checkbox"/> COSMETOLOGY               | <input type="checkbox"/> RENTAL UNITS            |
| <input type="checkbox"/> FAITH BASED ORGANIZATION  | <input type="checkbox"/> RESTAURANTS/MOBILE FOOD |
| <input type="checkbox"/> COMMUNICATIONS SERVICES   | <input type="checkbox"/> SCHOOLS                 |
| <input type="checkbox"/> CONTRACTORS               | <input type="checkbox"/> SERVICES                |
| <input type="checkbox"/> ENTERTAINMENT             | <input type="checkbox"/> TAXICAB COMPANY         |
| <input type="checkbox"/> EXHIBITION FACILITY       | <input type="checkbox"/> VENDING MACHINE COMPANY |
| <input type="checkbox"/> GAS COMPANY               | <input type="checkbox"/> UNCLASSIFIED            |
| <input type="checkbox"/> GASOLINE/FILLING STATIONS |  |
| <input type="checkbox"/> INSURANCE                 |  |
| <input type="checkbox"/> JUNK SHOP                 |  |

If Unclassified, please provide a brief description of business type: \_\_\_\_\_

### Section 2 – Business Information

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

- Corporation                       Partnership                       Individual

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Is the business regulated by any state agency?

- Yes (Please provide a copy of your active state certificate, registration or license)                       No

Is the business Commercial?

- Yes                       No

Is the business a Home Occupation?

- Yes (Please complete Home Occupation Form)                       No

**\*\*PLEASE NOTE THAT NEW APPLICATIONS MAY TAKE UP TO TWO WEEKS TO PROCESS. THE CITY CLERK'S OFFICE WILL NOTIFY YOU WHEN THE APPLICATION HAS BEEN COMPLETED AND APPROVED/NOT APPROVED.**

**Section 3 -- Signature**

Each application for a Business Tax Receipt issued by the City of Crestview shall be signed by the owner or chief executive of the business.

I certify that I am empowered to execute this application and that my signature on this written declaration has the same legal effect as an oath or affirmation. I certify that the terms and conditions imposed by the City Code have been shown or explained to me as a condition prior to issuance of said license. I further certify that the information provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY BTR OFFICE:**

Previous BTR Issued? \_\_\_\_\_ Date \_\_\_\_\_  
Has The Building Been Vacant For Longer Than Six Month? \_\_\_\_\_ Does Building Have Utility Services?  
If Yes, Date Connected \_\_\_\_\_ If No, Date Disconnected \_\_\_\_\_

**TO BE COMPLETED BY FIRE DEPARTMENT**

Fire Code Regulations satisfied? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_  
Reason for NO or N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

**TO BE COMPLETED BY THE BUILDING DEPARTMENT**

Is The Building Having A Change of Use? YES \_\_\_\_\_ NO \_\_\_\_\_  
Building Code, ADA & Consumer Protection Standards Satisfied? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_  
Reason for NO or N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

**TO BE COMPLETED BY THE PLANNING DEPARTMENT**

Land Use, Zoning and Land Development Code Regulations Satisfied? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_  
Reason for No or N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

**TO BE COMPLETED BY THE OFFICE OF THE CITY CLERK**

Authorized to issue license? YES \_\_\_\_\_ NO \_\_\_\_\_ N/A \_\_\_\_\_  
Reason for NO or N/A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

**City of Crestview**  
**Fire Department-Fire Prevention Division**  
321 W Woodruff Avenue, Crestview, FL 32536  
**Phone 850-682-6121**

\*An Annual Life Safety Inspection **is required** for your business, before a City Business Tax Receipt can be issued. \*

Please contact the Fire Department to schedule an appointment to have this inspection performed.

**\* It is the applicant's responsibility to schedule this inspection \***

I acknowledge receipt of this inspection form:

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**