

**City of Homestead
Local Business Tax Receipt Application Form**

1. BUSINESS INFORMATION:

- a. Business Name: _____
- b. Business Address: _____ Zip: _____
Office _____ Store _____ Warehouse _____ Home/Apt _____ Hotel/Motel _____
- c. Corporate/Fictitious Name: _____
- d. President's Name: _____ Email: _____
- e. President's Mailing Address: _____
- f. Federal Employer I.D. _____ Folio #: _____
- g. Phone # (Business) _____ (Cell) _____ DL # _____

2. NATURE OF BUSINESS: _____

Number of Employees: _____	Amusement Machines: _____	Rooms/ Apts. _____	Restaurants/ Seats: _____
Alcohol? _____	Serv. Station/ Hoses: _____	Vending Machines: _____	Washers/ Dryers: _____
Sq. Footage Retail: _____	Storage: _____	Are you sharing a space? _____	

Will there be any renovations, alterations or repairs made to the premises? _____ If yes, explain what type of work will be done: _____

The above information is true and complete to the best of my knowledge.

Applicant _____
Date

NOTICE TO APPLICANT:

This application will be forwarded to the appropriate department for approval. The premises must be accessible for inspections, once approved by zoning. If the use does not conform to the zoning, the application will be denied until all approvals required for the intended use are obtained.

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

ZONING:

FLUM Designation: _____ Current Zoning: _____

Does the intended use constitute a Change of Use? _____. If the use is not allowed in the zone, what must the applicant do to obtain approval for the use? _____

Zoning Approved: _____ Approved by: _____ Date: _____