



CITY OF OLDSMAR BUSINESS TAX RECEIPT APPLICATION

Office of Planning and Redevelopment
100 State Street West, Oldsmar FL 34677
Phone 813-749-1100 Fax 813-855-2730

A separate Business Tax Receipt application is required for each business activity.

Business Tax Receipt Number Classification

Date Paid Amount Paid Payment Receipt Number

Business Name on Display at Store Front

Legal Business Name

Oldsmar Address Telephone Number

Mailing Address Business Owner's Name

Business Owner's Address Telephone Number

Business FAX Number E-mail Address

Manager's Name Manager's Telephone Number

Building Owners Name Telephone Number

Building Owners Address

Federal Employer Identification Number (FEIN) or Owner's Social Security Number *

Have you ever applied for a Business Tax Receipt with the City of Oldsmar? Yes No

If yes, when and for what business activity

Website

Please explain in detail the nature of the proposed business

Office Warehouse Manufacturing Retail Combination Other

If "Combination" or "Other", please explain

If "Manufacturing", please describe the finished product and the equipment to be utilized

Size of business (in square feet) Days & Hours of operation # of employees

Applicant/Owner's Signature Date

Final Disposition of Application Approved Denied
Director's Signature Date Reason for Denial

In accordance with Florida Statute Chapter 442, Your Right To Know Law, and City of Oldsmar Ordinance section 30-2, Hazardous Materials, businesses are required to report toxic substances to their local fire department as well as keep a list of the substances on file at the business location.

If you have a chemical substance or mixture in a gaseous, liquid or solid state please complete a Hazardous Substance reporting form and submit the completed form with this Business Tax Receipt application. If not, please indicate below that you do not have any such hazardous substances in your business location and do not use any such materials in your manufacturing process.

Please check one of the following:

- Yes, I have notified the City of Oldsmar Fire Rescue of my business having any hazardous substances on the site by completing and submitting the required Hazardous Substance reporting form.
- No, I do not have any hazardous substances at my place of business.

You are also required to fill out the attached City of Oldsmar Industrial Wastewater Survey (IWS) prior to the city approving your Business Tax Receipt application.

Please provide a description of the manufacturing or production activities your firm conducts. If none, state so:

I hereby certify that all of the information on this form is correct and true. I agree to comply with all applicable Land Development Regulations and city ordinances as they may apply to my proposed business. I agree to complete any Hazardous Substance reporting form, Industrial Development Report (IDR) or Industrial Wastewater Survey (IWS) that may be required as a result of my Business Tax Receipt application. I acknowledge that the fees for this Business Tax Receipt application are non-refundable and that there is a ten (10) working day processing time for the review of a Business Tax Receipt application for approval or denial.

Signature of Owner or Designated Agent

Date

Please attach copies of all required permits and/or licenses from other governmental agencies, i.e., State of Florida Registration, PCCLB Card or License, Pinellas County Health Department, Certificate of Need, etc..

Other documents needed are copies of the Articles of Incorporation OR a Fictitious Name Statement; a copy of the lease OR proof of ownership; and a copy of proof of liability of insurance on the business.

** The City of Oldsmar collects your Social Security Number for the following purposes: identification and verification; credit worthiness; billing and payment; data collection; reconciliation, tracking, benefit processing, tax reporting or as required by Florida Statutes. Social Security Numbers are also used as a unique numeric identifier and may be used for such purposes.*



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ATTACHMENT TO BUSINESS TAX RECEIPT APPLICATION

Legal Business Name

Business Address

Phone Number

I hereby certify that I **will** be making interior/exterior revisions (which would require building permits) in regards to this business location.

I hereby certify that I **will not** be making interior/exterior revisions (which would require building permits) in regards to this business location.

Date

Signature of business owner

A notarized letter of authorization is required for an agent to sign the application or any other correspondence that calls for an agent signature.



OLDSMAR FIRE RESCUE

813-749-1202; FAX 813-891-6814

AFFILIATED PERSONS CONTACT INFORMATION

NAME OF BUSINESS			
BUSINESS ADDRESS		BLDG/SUITE#	
BUSINESS PHONE		FAX#	
MANAGER/OWNER			
HOME ADDRESS		APT./SUITE#	
CITY		ZIP CODE	
HOME PHONE		CELL/PAGER#	
BUILDING OWNER			
HOME ADDRESS		APT./SUITE#	
CITY		ZIP CODE	
HOME PHONE		CELL/PAGER#	

In an emergency, please call the following individual(s):

NAME	POSITION IN COMPANY	HOME PHONE	CELLUAR PHONE	PAGER

If additional space is needed, please use the back of form.