

BUSINESS TAX APPLICATION

City of Bushnell
P. O. BOX 115
BUSHNELL, FL 33513
352-793-2591

Office Use Only -

Zoning _____ **Parcel #** _____
Building Official Signature: _____
License Fee _____ License Number _____
Transfer Fee _____ Business Code: _____
Renewal ___ yes ___ no ___ Date _____
Business Description: _____

Additional Requirements -Business and Individuals;

A Copy of your State License is required; this applies to Doctors, Dentists, Attorneys, Barbers, Nail Technicians, Beauticians, Engineers, Restaurants, Food Service Trucks, Daycares or any other profession that receives a license from the State of Florida.

PLEASE PRINT:

Section 1- Business Information; Name as it will appears for the business;

Business Name _____

Business Street Address _____

Business phone # _____ Emergency phone # _____

State Tax/ EIN # _____

Mailing address for license renewals if different then above _____

Is Business Not for Profit? Yes _____ No _____

Section 2- Individual Applying for License; anyone that rents a space in a business is not considered an employee to the business or is an independent contractor for a business. (Example-Private Contractor, Cosmetologist or Nail Tech that rents a space and is not a employee, ect.)

Individuals name applying for license _____

Address _____

Drivers License _____ Social Security _____

Phone Number _____ Date Birth _____

State License # _____ Occupation _____

****SEE REVERSE SIDE FOR ADDITIONAL INFORMATION REQUIRED****

Section 3 - Business Owner Information;

Owner's Name _____

Address _____

Driver's License _____ Phone Number _____

State Tax/ EIN # _____ or Social Security Number _____

State License # _____

Fill in below where applicable:

State Restaurant # _____ Restaurant: Seating Cap. _____

Vending Machines: _____

JukeBox:# of Machines _____

Amusement Machines/Video Games: _____

Hotel – Motel: # of rooms _____

Laundry Matt: # of machines _____

If any of the machines above are leased please list name and address of company you lease from:

By signing you are stating that the information provided is true and correct:

Application Signature _____ **Date** _____

****Please supply a copy of applicants Drivers License as well as State License****

The City of Bushnell is an equal opportunity service provider and performs all phases of service related activity without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic Information & Testing, Family & Medical Leave, protected veteran status, or any other characteristic protected by law.

****SEE REVERSE SIDE FOR ADDITIONAL INFORMATION REQUIRED****