



City of Margate

Application for Local Business Tax Receipt

NOTE: APPLICATION **IS NOT** THE ISSUED BUSINESS TAX RECEIPT

901 NW 66th Avenue, Margate, Florida 33063

Email: lbtr@margatefl.com

Telephone: 954-979-6213

City Use Only

License # _____

Date _____

Please Note: Businesses in the City of Margate may not open or operate without a valid Local Business Tax Receipt. **Payment is required to process applications.**

Business Information

Corporate Name _____

Fictitious Name (DBA) _____

Business Address _____

Business Email _____ Business Phone Number _____

Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
(Required by Florida Statute 205.0535(6)) _____

Emergency Contact 1 Name _____

Primary Number _____ Alternate Number _____

Emergency Contact 2 Name _____

Primary Number _____ Alternate Number _____

Business Description: _____

Number of Employees _____ Square Footage _____

If a restaurant, number of seats _____ If a beauty salon, number of chairs/sinks _____

Owner Information

If partnership or corporation, list all names and addresses of partners and officers of corporation.
Attach additional sheets if needed.

Name _____

Date of Birth _____

Address _____

Phone Number _____

City _____

Email _____

State _____ Zip _____

Owner Information (Continued)

If partnership or corporation, list all names and addresses of partners and officers of corporation.
Attach additional sheets if needed.

Name _____ Date of Birth _____
Address _____ Phone Number _____
City _____ Email _____
State _____ Zip _____

Authorized Agent

If applying for the Local Business Tax Receipt on behalf of the owner/owners of the business.

Name _____ Title _____
Address _____ Date of Birth _____
City _____ Phone Number _____
State _____ Zip _____ Email _____

The undersigned does hereby request that a local business tax receipt be issued on the basis of the above provided information with the understanding that all City of Margate ordinances shall be complied with, whether specified herein or not; and further understands that **the acceptance and processing of payment for a local business tax receipt does not constitute approval.**

Signature of Owner/Agent

Printed Name of Owner/Agent

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, ____ (year), by _____ (name of person making statement).

Signature of Notary

Notary Seal

Printed Name of Notary

Personally Known to Me _____

Produced Identification _____

Type of Identification _____

~~CITY USE ONLY~~

Business Tax

Receipt # _____ Date Paid _____ Amount Paid \$ _____

Type: New Receipt _____ Half Year _____ Residential _____

 New Business _____ Address Change _____ Transfer/Other _____

Classification _____ Date of Distribution _____

Subclassification _____ Previous Business _____

Comments: _____

Zoning

District _____ Adequate Parking _____

Business Comments/Restrictions _____

Special Exception/Conditional Use _____ Use _____

Approval Date _____ Resolution Number _____

Change of Occupancy _____ DRC Approval Date _____ DRC # _____

Signature _____ Date _____

Building

Comments: _____

Signature _____ Date _____

Engineering/Utilities

Comments: _____

Signature _____ Date _____