



City of Margate

RECEIPT # _____

APPLICATION FOR LOCAL BUSINESS TAX RECEIPT
NOTE: APPLICATION IS NOT THE ISSUED BUSINESS TAX RECEIPT
901 NW 66th AVENUE, MARGATE, FL 33063
lbtr@margatefl.com 954-979-6213

Business Information

Corporate Name: _____

Fictitious Name (DBA): _____

Business Address: _____ Business Phone: _____

Email: _____ FEIN/SSN (Req. by F.S. 205.0535(5)): _____

Emergency Contact 1: Name: _____ Phone 1: _____ Phone 2: _____

Emergency Contact 2: Name: _____ Phone 1: _____ Phone 2: _____

Business Description: _____

Number of Employees: _____ Square footage: _____

Owner Information

(If partnership or corporation, list all names and addresses of partners and officers of corporation. Attach separate sheet if needed.)

Name: _____ D.O.B.: _____

Address: _____ Phone #: _____

City: _____ Email: _____

State: _____ Zip: _____

Name: _____ D.O.B.: _____

Address: _____ Phone #: _____

City: _____ Email: _____

State: _____ Zip: _____

➤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) Personally known to me _____
Produced Identification _____
Type of Identification _____

Printed name of Notary

Business Tax

Receipt #: _____ Date Paid: _____ Amount paid: _____

Type:

_____ New Receipt _____ Half Year Receipt _____ Residential

_____ New Business _____ Address Change _____ Transfer/Other

Classification: _____ Date of Distribution: _____

Previous Business: _____

Comments: _____

Zoning

District: _____ Adequate Parking: _____

Business Comments/Restrictions: _____

Special Exception/Conditional Use: _____ USE: _____

Approval Date: _____ Resolution #: _____

Change of Occupancy: _____ DRC Approval Date: _____ DRC #: _____

Signature: _____ Date: _____

Building

Comments: _____

Signature: _____ Date: _____

Engineering/Utilities

Comments: _____

Signature: _____ Date: _____