

BUSINESS TAX RECEIPT APPLICATION & CONTRACTOR REGISTRATION

CITY OF DELRAY BEACH

100 N.W. 1st Avenue, Delray Beach, Florida 33444
(561) 243-7209 • FAX (561) 243-7221
Website: mydelraybeach.com

NAME OF BUSINESS _____

New Transfer

HOME OCCUPATION Y N FEIN: _____ SSN: _____

LOCATION OF BUSINESS _____

MAILING ADDRESS, IF DIFFERENT _____

TELEPHONE _____ CELL # _____ FAX # _____

BUSINESS TAX RECEIPT APPLICATION ONLY

NAME OF SOLE PROPRIETOR OR CORPORATION _____

HOME ADDRESS _____ TELEPHONE _____

REGISTERED AGENT OF CORPORATION (if applicable): _____

ADDRESS _____ TELEPHONE _____

MANAGER _____ TELEPHONE _____

CONTRACTORS REGISTRATION ONLY

QUALIFIER'S NAME _____

HOURS OF OPERATION _____

DATE BUSINESS STARTED _____ OWNER'S BIRTHDATE _____

AT THIS LOCATION _____ (if over 65) _____

APPLICATION DATE _____ NO. OF ROOMS (Apt/Hotel) _____

NO. OF SEATS (Restaurant) _____

NATURE OF BUSINESS _____

SIGNATURE _____ PRINT NAME _____

THE ABOVE SIGNED APPLICANT FOR A CITY OF DELRAY BEACH BUSINESS TAX RECEIPT HEREBY ACKNOWLEDGES THAT THIS BUSINESS TAX RECEIPT IS ISSUED BY THE CITY AS PART OF THE CITY'S TAXING FUNCTION, AND IS NOT TO BE CONSTRUED TO BE APPROVAL IN ANY FASHION OR ACKNOWLEDGEMENT OF COMPLIANCE WITH APPLICABLE STATUTES, LAWS AND ORDINANCES INCLUDING BUT NOT LIMITED TO ZONING REGULATIONS, NOR COMPLIANCE WITH ANY OTHER REGULATORS RESTRICTIONS WHICH MAY BE APPLICABLE TO THE SUBJECT SITE, INCLUDING BUT NOT LIMITED TO THE COUNTYWIDE WELLFIELD PROTECTION ORDINANCE, AS AMENDED FROM TIME TO TIME

FOR OFFICE USE ONLY

BUS. TAX NO. _____ CATEGORY _____ FEE _____ ZONING APP. _____