



|                                   |                    |
|-----------------------------------|--------------------|
| <b>FOR OFFICE USE ONLY</b>        |                    |
| LDR Compliance Fee: \$_____       | Receipt #: _____   |
| Approval of LDR Compliance: _____ |                    |
| Receipt#: _____                   | License Fee: _____ |
| Business Type: _____              |                    |
| SIC Code: _____                   |                    |

# City of Green Cove Springs Local Business Tax Receipt Application

A.  **NEW**       **RENEWAL**       **TRANSFER**

**B. PROCESS**

1. Meet with the City of Green Cove Springs prior to moving to a location to determine whether the proposed use is consistent with the Future Land Use Map and zoning designation applied to the property and all other applicable regulations.
2. Submit a completed Local Business Tax Receipt Application with all required attachments identified in Section E along with a completed Application for Certificate of Land Development Regulations (LDR) Compliance.

***Please be sure to read and complete this form in full. Incomplete submittals will not be accepted.***

***The form must be signed and notarized.***

**C. PROPOSED BUSINESS INFORMATION**

**Check all that apply:**

- |  |   |                              |
|--|---|------------------------------|
| <input type="checkbox"/> Name Change   | <input type="checkbox"/> Ownership Change       | <input type="checkbox"/> New |
| <input type="checkbox"/> Location Change   | <input type="checkbox"/> Mailing Address Change |                              |
| <input type="checkbox"/> Home Occupation (must also submit Home Occupation Addendum to Local Business Tax Receipt Application) |   |                              |

1. Business Name: \_\_\_\_\_
2. Tax Parcel No.: \_\_\_\_\_
3. Business Physical Address: \_\_\_\_\_  
\_\_\_\_\_
4. Business Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
5. Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_
6. Local Contact Person: \_\_\_\_\_
7. Local Contact Address: \_\_\_\_\_  
\_\_\_\_\_
8. Local Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
9. FEI# or SSN: \_\_\_\_\_
10. FL Sales Tax #: \_\_\_\_\_
11. Type of Business: \_\_\_\_\_
12. List all business activities at location (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. PROPERTY OWNER INFORMATION**

- 1. Name: \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**E. ATTACHMENTS**

- 1. Letter of Authorization from the Property Owner or copy of signed lease.
- 2. Copy of applicant's Driver's License.
- 3. Copy of Fictitious Name Certification or other business articles from State of Florida Division of Corporations.
- 4. Copy of all applicable state licenses, certificates or registrations.
- 5. General Contractors must provide current Liability Insurance and Workers Compensation or Exemption from Workers Compensation.
- 6. Completed LDR Compliance Application.
- 7. Completed After Hours Emergency Contacts Form.

**All attachments are required for a complete submittal. If the submittal is determined to be incomplete, the registration form and fee will be returned to the applicant.**

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge. I/We understand that if any portion is false or misrepresented, it may be cause for immediate revocation of the receipt.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

\*\*\*\*\*

State of \_\_\_\_\_ County of \_\_\_\_\_ The foregoing application is acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is/are personally known to me, or  
who has/have produced \_\_\_\_\_ as identification.

NOTARY SEAL

\_\_\_\_\_  
Signature of Notary Public, State of \_\_\_\_\_

|  |
|--|
| <p><b>Office Use Only:</b></p> <p>Review Date: _____</p> <p>Approved by: _____</p> |
|--|



# City of Green Cove Springs Emergency Contacts for After Hours

**This information will be provided to Green Cove Springs Police Department in case of a burglary, fire, etc.**

1. Business or Company Name: \_\_\_\_\_
2. Business or Company Phone: \_\_\_\_\_
3. Business or Company Physical Address: \_\_\_\_\_
4. Business or Company Fax #: \_\_\_\_\_
5. Website: \_\_\_\_\_
6. Contact Person #1: \_\_\_\_\_  
Relationship to Business/Title: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_
7. Contact Person #2: \_\_\_\_\_  
Relationship to Business/Title: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_
8. Contact Person #3: \_\_\_\_\_  
Relationship to Business/Title: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_