



City of Pinellas Park, Florida
Building Development Division
Business Tax Receipt (BTR)

Mailing Address

P.O. Box 1100
Pinellas Park, Florida 33780-1100
Website: www.pinellas-park.com
Email: btr@pinellas-park.com

Physical Address

6051 78th Avenue North
Pinellas Park, Florida 33781
Phone 727-369-5632

Business Tax Receipt (BTR) Application

**THIS APPLICATION MUST BE COMPLETED IN FULL AND MUST BE TYPED OR LEGIBLY PRINTED.
IF THE REQUESTED INFORMATION DOES NOT APPLY, WRITE "NA" ON THE LINE PROVIDED.**

BUSINESS NAME _____

BUSINESS ADDRESS _____ UNIT/SUITE _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ UNIT/SUITE _____

C/O TO MAILING ADDRESS _____ TITLE _____

CITY _____ STATE _____ ZIP _____

BUSINESS CONTACT PERSON _____

FIRST/LAST	TITLE	PHONE
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EMERGENCY CONTACT PERSON _____

FIRST/LAST	TITLE	PHONE
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EMERGENCY CONTACT PERSON _____

FIRST/LAST	TITLE	PHONE
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WHAT IS THE PRIMARY FUNCTION OF YOUR BUSINESS? _____

BUSINESS ORGANIZATION TYPE (CHECK ONLY ONE)

SOLE OWNER

PARTNERSHIP

CORPORATION

L.L.C.

NOTE: PROOF OF CORPORATION AND/OR FICTITIOUS NAME ARE REQUIRED WITH APPLICATION

CIRCLE ONE: OWNER, PRESIDENT, CORPORATE REGISTERED AGENT, OR C.E.O. OF BUSINESS

FIRST NAME LAST NAME TITLE
HOME ADDRESS _____ UNIT/STE/APT _____ CITY _____
STATE _____ ZIP _____ HOME PHONE _____

CIRCLE ONE: CO-OWNER, CORPORATE REGISTERED AGENT, LOCAL MANAGER OF BUSINESS

FIRST NAME LAST NAME TITLE
HOME ADDRESS _____ UNIT/STE/APT _____ CITY _____
STATE _____ ZIP _____ HOME PHONE _____

IS THE BUSINESS ADDRESS LISTED A HOME OFFICE?
(WITH ALL OTHER ACTIVITIES CONDUCTED OFF SITE) YES NO

REASON FOR APPLICATION (CHECK ONLY ONE)

NEW BUSINESS

CHANGE OF ADDRESS

CHANGE OF OWNERSHIP

BUILDING(S)/UNIT(S) TOTAL SQUARE FEET _____

NUMBER OF UNITS, (VEHICLES, SEATS, ROOMS, APTS. ETC.) _____

TOTAL NUMBER OF EMPLOYEES
(INCLUDE OWNERS, PARTNERS, CORP. OFFICERS AND PART-TIMERS) _____

AUTO REPAIR (ENGINE REPAIR, BODY WORK, PAINTING, DETAILING, UPHOLSTERY), PROVIDE NUMBER
OF WORK STATIONS/BAYS _____

RESTAURANT/BAR, NUMBER OF SEATS PROPOSED _____

AND NUMBER OF EMPLOYEES DURING THE LARGEST SHIFT _____

DO YOU SERVE OR SELL ALCOHOL? YES NO

LICENSE NUMBER

DO YOU SELL TOBACCO? YES NO

LICENSE NUMBER

DO YOU PREPARE OR SERVE FOOD? YES NO

LICENSE NUMBER

IS THIS BUSINESS OR OCCUPATION REGULATED BY ANY COUNTY, STATE OR FEDERAL REGULATING AGENCY AS PROVIDED BY LAW YES NO

COUNTY LICENSE NUMBER _____

STATE LICENSE NUMBER _____

STATE LICENSE NUMBER _____

FEDERAL ID NUMBER _____

NOTE: COPIES OF STATE AND COUNTY LICENSE(S) ARE REQUIRED WITH APPLICATION

I, _____, BEING DULY AUTHORIZED TO SIGN FOR THE ABOVE NAMED
PRINT NAME
BUSINESS DO HEREBY MAKE APPLICATION TO PAY A BUSINESS TAX FOR THE PRIVILEGE OF ENGAGING IN BUSINESS WITHIN THE CITY LIMITS OF THE CITY OF PINELLAS PARK, FLORIDA. I AGREE THAT THE BUSINESS WILL ABIDE BY ALL LOCAL, COUNTY, STATE, AND FEDERAL LAWS THAT MAY APPLY, AND THAT THE OPERATION OF THE BUSINESS AND USE OF THE PREMISES IS GOVERNED BY ANY PRIOR CONDITIONS ON THE OPERATION OF SUCH BUSINESS OR USE OF SUCH PREMISES. I UNDERSTAND THAT SHOULD THE BUSINESS BE FOUND GUILTY OF A VIOLATION OF ANY LAW, THE BUSINESS TAX RECEIPT MAY BE REVOKED BY THE CITY OF PINELLAS PARK, FLORIDA, AS PROVIDED BY THE CITY ORDINANCES.

SIGNATURE OF APPLICANT _____ TITLE _____

PRINT NAME _____

DATE OF APPLICATION _____

SIGNATURE OF BUSINESS TAX OFFICIAL _____ DATE _____

PRINT NAME _____

ZONING DIVISION REVIEW

BUSINESS TAX RECEIPT # _____

PROPOSED BUSINESS NAME: _____

PROPERTY OWNER/AGENT: _____
(if different from applicant)

TELEPHONE NUMBER OF PROPERTY OWNER/AGENT: _____

EMAIL ADDRESS _____

NUMBER OF PARKING SPACES ASSIGNED TO UNIT: _____

SQUARE FOOTAGE OF UNIT/SPACE: _____

BUSINESS ADDRESS, CITY, ZIP: _____

FORMER USE/BUSINESS AT PROPOSED LOCATION: _____

TYPE OF BUSINESS

PROPOSED USE: _____

IF MEDICAL, NUMBER OF DOCTOR/DENTISTS: _____ EMPLOYEES: _____

IF AUTO REPAIR (ENGINE REPAIR, BODY WORK, PAINTING, DETAILING, UPHOLSTERY), PROVIDE NUMBER OF WORK STATIONS/BAYS: _____

IF RESTAURANT/BAR, NUMBER OF SEATS PROPOSED: _____ AND NUMBER OF EMPLOYEES ON THE LARGEST SHIFT: _____

*****OFFICIAL USE ONLY*****

Parking Required by Code: _____

MMIF Calculations: Previous Use - Multimodal Impact Fee Code # _____
\$ _____ per _____ Sq.Ft. = \$ _____ Credit

Proposed Use - Multimodal Impact Fee Code # _____
\$ _____ per _____ Sq.Ft. = \$ _____ less
Credit of \$ _____ = \$ _____ MMIF

ZONING: _____

LAND USE: _____

CONDITIONS/REMARKS: _____

DATE: _____ ZONING DIVISION: _____