



# BUSINESS TAX RECEIPT APPLICATION

City of New Port Richey  
Billing and Collections Department  
City Hall, 5919 Main Street  
New Port Richey, FL 34652  
Phone (727) 853-1061 Fax (727) 853-1245

Application Date:	_____
Tax Year:	_____
Classification/SIC#:	_____
Tax Fee/Full/Partial:	_____
Application Fee:	\$50.00
Fire Inspection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Permit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Fee:	_____

## TYPE OF ORGANIZATION

☐ Temporary/Special Event ☐ Sole Proprietor ☐ Corporation/LLC ☐ Non-Profit Organization  
☐ New Business

☐ Business Name Change, Former Name \_\_\_\_\_  
☐ Addition to Existing Business

Home Occupation: ☐ Yes ☐ No { } Initial Restrictions Received  
Tax Exempt: ☐ Yes ☐ No If Yes { } Initial Information Letter Received  
Non-Profit: ☐ Yes ☐ No { } Initial Waiver Received

## BUSINESS INFORMATION Exempt from Public Records? ☐ Yes ☐ No

Business Name: _____		
Fictitious Name: _____		
Business Type: _____ <b>Be Specific</b>		
Business Address: _____		
City	_____	State _____ Zip _____
Mailing Address: _____ (if different)		
City	_____	State _____ Zip _____
Business Phone:	_____	Cell _____ Fax _____
Email:	_____	Website: _____
Emergency	_____	2 <sup>nd</sup> _____
Night Phone:	_____	Emergency: _____

## BUSINESS OWNER / MANAGER INFORMATION

<input type="checkbox"/> Owner Name: <b>or</b>
<input type="checkbox"/> Manager Name: _____
Home Address: _____
City _____ State _____ Zip _____
Home / Cell Phone: _____ Fax: _____
Email: _____
Driver's License #: _____ (copy required) State _____
<input type="checkbox"/> Social Security: <b>or</b>
<input type="checkbox"/> Federal Tax ID: _____

The City of New Port Richey collects your social security number for the following purposes; classification of accounts; identification and verification; credit worthiness; billing and payments; data collection; reconciliation; tracking, benefit processing; tax reporting; and applicant and employee background checks. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

## BUSINESS LICENSE INFORMATION (Please attach copies)

Pasco Co. Business Tax #: _____	Florida State License #: _____
Other Required Licenses: _____	

## USE OF PROPERTY

Please provide a complete description of the type of business, services offered and any special conditions the business may have such as storage of stock, waste items, parking accessibility.

Primary Use:

Secondary Use:

Services Offered or Items to be Sold:

List Any Impact or Potential Impact to Surrounding Properties:

- Current Number of Employees: \_\_\_\_\_ • Maximum Number of Employees at One Time: \_\_\_\_\_
- Hours of Operation: \_\_\_\_\_ • Days of Operation: \_\_\_\_\_
- Square Footage (excluding parking): \_\_\_\_\_
- Coin Operated Machines in Business: # of Devices \_\_\_\_\_ \*\*List machine owner if different \_\_\_\_\_
- Eating/Drinking Establishment Seating Capacity (inside and outside): Restaurant \_\_\_\_\_ Bar \_\_\_\_\_
- Rental Services: Cars, Boats, Sites, Apartments, etc.: Total Number of Rentals \_\_\_\_\_
- Hospitals, Nursing Homes, ALF : Number of Beds \_\_\_\_\_ • Daycare: Number of Children \_\_\_\_\_
- Transportation Services: Number of Passengers \_\_\_\_\_ or Carriers \_\_\_\_\_
- Automated Teller Machines (ATM'S) Located on Premises: \_\_\_\_\_ \*\*List owner info if different \_\_\_\_\_
- Change In Use: ☐ Yes ☐ No (from office to retail, retail to service etc.) \_\_\_\_\_

*A city tax receipt does not waive local, state, or federal requirements, licensing, and registration and or certification requirements. The holder of tax receipt must adhere to all land development, life/safety, building and other applicable codes specified for the business location.*

## ACKNOWLEDGEMENTS

I understand that this business tax is for the privilege of engaging in the business, profession, or occupation shown and only at the address shown hereon. I also understand that the issuance of this business tax does not permit engaging in or managing any business in violation of federal, state or local law, regulation, ordinance or order.

I acknowledge that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any Business Tax Receipt issued to me.

Owner/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Acknowledgement for Commercial Location Business

I acknowledge that the issuance of this Business Tax Receipt is contingent upon complying with the building and fire prevention requirements of the City of New Port Richey. I understand that should corrections be necessary, I am not permitted to operate this business until those corrections have been made.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY TELEPHONE NOTIFICATION INFORMATION**

**BUSINESS TAX RECEIPT SUPPLEMENT**

**PLEASE COMPLETE FOR POLICE DEPARTMENT USE**

RETURN TO:  
Billing & Collections Department  
City of New Port Richey  
5919 Main Street  
New Port Richey, FL 34652  
727-853-1061 FAX 727-853-1245

Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**In the event of an emergency at above named business, please notify:**

1 \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

Special Instructions:

SEC. 13-8.1. Vehicles in association with licensed commercial activity.

It shall be unlawful to operate, park, stand or use, upon any public street within this municipality, any commercial vehicle which is then and there being used in association with any commercial activity, which requires a municipal business tax receipt in order to perform such activity within this municipality, unless said vehicle is designated by lettering of two (2) inches minimum in size on either side of said vehicle indicating the name of the firm or the name of the corporation or person operating the same for commercial use. (Ord. No. 418,S 1,9-15-70)