



City of Venice
401 West Venice Ave., Venice, FL 34285
941-486-2626

DEVELOPMENT SERVICES - PLANNING & ZONING

Application for: LOCAL BUSINESS TAX RECEIPT

LOCAL BUSINESS TAX RECEIPT

Is this a: (check the appropriate box)

- New Business
- Change of Ownership
- Change of Address
- Name Change

Indicate the legal structure of your business: (check appropriate box)

Attach state license(s), as applicable.

- Partnership
- Sole Proprietorship
- Corporation (provide Employer Identification#): _____

Business Name: _____ Phone: _____

Location Address: _____ Zip: _____

Mailing Address: _____ Zip: _____

Type of Business : _____ Number of Employees : _____

Emergency Contact : _____ Phone : _____

OWNER INFORMATION/CORPORATE OFFICERS

Name: _____ Title: _____

Home Address: (No. & Street, City, State & Zip Code) _____ Phone & E-Mail: _____

Birth Date: _____ Driver License # : _____

Social Security # : _____

Name: _____ Title: _____

Home Address: (No. & Street, City, State & Zip Code) _____ Phone & E-Mail: _____

Birth Date: _____ Driver License # : _____

Social Security # : _____

Under penalties of perjury, I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Owner/Agent _____ Date

For Office Use Only

Location ID : _____ Date Entered : _____ Business # : _____

License #: _____ Classification : _____ Annual Fee : _____

Comments :