



CITY OF SAN ANTONIO, FLORIDA

“Gem of the Highlands”

Founded 1881

Application for Occupational/Business Tax Receipt

Please make corrections where necessary

Business & Contact Information

Business Name: _____	Business Type: _____
Physical Address: _____ <i>Street</i> <i>City, State, Zip</i>	Business Phone: _____
Mailing Address: _____ <i>Street</i> <i>City, State, Zip</i>	
Owner/Manager Name: _____	Phone: _____
Emergency Contact Name: _____	Phone: _____

Classification Information (Fill In Where Applicable)

Beauty Salons & Barber Shops <i>Number of chairs or stylists:</i>	Cafes, Restaurants, & Lounges <i>Seating capacity:</i>
Agencies, Accountants, Lawyers, & Realtors <i>Number in firm:</i>	Merchants <i>Dollar value of inventory:</i>
Filling Stations <i>Number of pumps:</i>	Bed & Breakfasts, Hotels, Boarding Houses <i>Number of Rooms:</i>

Additional Registration Information

County Registration Number: _____
State Registration Number: _____
Health Department Certificate Number: _____

1. All fees are due on or before October 1, 20__ . Amount due: \$ ____ .00
2. Business Tax Receipt must be posted conspicuously in place of business.

Issuance of a business tax receipt does not assure that the business meets the building code, zoning ordinances, or other regulatory ordinances of the City. Furthermore, this business tax receipt does not permit the business owner/operator to violate any regulatory laws or ordinances of the State, County or City, or exempt the business owner/operator from any other permits that may be required by law.

Signature of Owner/Manager

Date