TOWN OF LAKE CLARKE SHORES LOCAL BUSINESS TAX RECEIPT APPLICATION

BUSINESS INFORMATION:		TAX N	TAX NUMBER	
BUSINESS NAME				
BUSINESS ADDRESS				
BUSINESS TAX HOLDER		TITLE _	TITLE	
BUSINESS PHONE # FAX #		AX # HOM	HOME #	
HOME ADDRESS		CITY	OTATE A ZID CODE	
MAILING ADDRESS		CITY	STATE & ZIP CODE	
CODE		CITY	STATE & ZIP	
COMPLETE BELOW INFO	ORMATION ONLY WHERE AP	PPLICABLE:		
FICTITIOUS NAME REGIS	STRATION #	SALES TAX ID #		
FEDERAL ID #	<u>OR</u>	*SOCIAL SECURITY #		
, , ,		yer identification number or social security number pric	, ,	
INCORPORATION REGIS STATE CERTIFICATION #	TRATION # #	TOTAL SQUARE FE	ET	
# EMPLOYEES (INCLUDI	NG SELF)	.F) # REGISTERED OF PROFESSIONALS		
# SIGNS/LETTERING DIS	PLAYED – PERMIT REQUIRE	D (NO SIGNS ALLOWED F	FOR HOME BUSINESS)	
TYPE OF EQUIPMENT US	SED OR STORED			
I hereby certify that the informat Ordinances and Laws of the Sta	ion given in this application is true an	d correct and that I agree to comply with all of any such Ordinance or Code of Law cons	Town of Lake Clarke Shores	
SIGNATURE OF BUSINESS TAX RECI	EIPT HOLDER	PRINT NAME	DATE	
State of Florida				
County of Palm Beach				
Subscribed and sworn befo	ore me thisday of	, 20 by	,	
who is personally known b	y me or has produced		as identification.	
Notary Public of Florida at	Large	Seal		
OFFICE USE ONLY:				
ZONING DISTRICT	RATE CODE	TAX AMOUNT \$	Date	