



CITY OF CRESTVIEW BUSINESS TAX RECEIPT APPLICATION

1. TO BE COMPLETED BY APPLICANT

BUSINESS NAME _____

OWNER'S NAME _____

BUSINESS LOCATION _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TYPE OF BUSINESS OR PROFESSION _____

COMMERCIAL BUSINESS Yes _____ No _____ HOME OCCUPATION Yes _____ No _____
if yes, attach Home Occupation Forms

EMAIL _____

FEDERAL EMPLOYER I.D. # OR SOCIAL SECURITY # _____

BUSINESS TELEPHONE _____ FAX _____

I Certify that the terms and conditions imposed by the City Code have been shown or explained to me as a condition prior to issuance of said license. I further certify that the information recited above is true and correct to the best of my knowledge.

DATE _____

APPLICANT/AGENT SIGNATURE _____

PLEASE NOTE THAT NEW APPLICATIONS MAY TAKE UP TO 2 WEEKS TO PROCESS. THE CITY CLERK OFFICE WILL NOTIFY YOU WHEN APPLICATION HAS BEEN COMPLETED AND APPROVED/NOT APPROVED.

To be completed by BTR Office:

Is building having change of use? _____ Previous BTR Issued?(name) _____ Date _____

Does Building have Utility Services? _____ If yes, date connected _____ No, date disconnected _____

(Note: if new business constitutes a change of use additional permits are required by the Building permit division, see attached documents.)

TO BE COMPLETED BY FIRE DEPARTMENT (or have inspection certificate attached)

FIRE CODE REGULATIONS SATISFIED? YES _____ NO _____ N/A _____

REASON FOR NO OR N/A _____

DATE _____ (FIRE OFFICIAL SIGNATURE)

TO BE COMPLETED BY BUILDING OFFICIAL

CHANGE OF USE VACANT LONGER THAN 6 MONTHS

BUILDING CODE, ADA, & CONSUMER PROTECTION STANDARDS SATISFIED? YES _____ NO _____ N/A _____

REASON FOR NO OR N/A _____

DATE _____ (BUILDING OFFICIAL SIGNATURE)

TO BE COMPLETED BY THE PLANNING OFFICIAL

LAND USE, ZONING, AND LAND DEVELOPMENT CODE REGULATIONS SATISFIED? YES _____ NO _____ N/A _____

REASON FOR NO OR N/A _____

DATE _____ (PLANNING OFFICIAL)

TO BE COMPLETED BY THE OFFICE OF THE CITY CLERK

AUTHORIZED TO ISSUE LICENSE? YES _____ NO _____ N/A _____

REASON FOR NO OR N/A _____

DATE _____ (CITY CLERK SIGNATURE)

City of Crestview
Fire Department-Fire Prevention Division
321 W Woodruff Avenue, Crestview, FL
32536 Phone 850-306-3721/682-6121

*An Annual Life Safety Inspection **is required** for your business, before a City
Business Tax Receipt can be issued.*

Please contact the Fire Department to schedule an appointment to have this inspection performed.

*** It is the applicant's responsibility to schedule this inspection***

I acknowledge receipt of this inspection form:

Applicant Signature

Date