

BUSINESS TAX RECEIPT APPLICATION (BTR)



Town of Loxahatchee Groves

155 F Road ▪ Loxahatchee Groves, Florida 33470 ▪ (561) 793-2418 Phone ▪ (561) 793-2420 Fax ▪ loxahatcheegrovesfl.gov

BUSINESS INFORMATION (To be completed by applicant):

Instructions & checklist on reverse side

- Check Applicable Box: Commercial Home Based New Based
- Change of Address Change Business Name Transfer of Ownership Other _____

Business/DBA/Trade Name: _____
(FL Statutes requires registration of a fictitious name or article of incorporation to accompany this application)

Business Location: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____
(if different above)

Date Opened: _____ Federal Employer ID **OR** Social Security #: _____

Business Phone Number: _____ Cell/Emergency Number: _____

E-Mail address: _____

Nature of Business: _____ **OR** Profession: _____
(Roofing Company, Cleaning Service, etc.) (Doctor, Lawyer, etc.)

Description of services to be provided: _____

Applicant – the following information required:

Will your business require remodeling/renovations? _____

Description of proposed remodeling/renovations: _____

# of coin operated machines		Wholesale # sq./ft.		Inventory @ cost	\$
# of vehicles		Retail # sq./ft.		Inventory @cost	\$
# of restaurants/bar seats		Warehouse/Storage # sq./ft.			
# of employees (required for manufacturing)		Additional information may be required to support these totals such as seating charts, floor plans and/or lease agreements			

Applicant/Qualifier: please print: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone No. _____ Driver's License Number: _____ Date of Birth: _____

Applicant/Qualifier Signature: _____

Staff Use Only:

CLASSIFICATION CODE: _____ BTR# _____ STAFF INITIALS _____

Zoning Approval: _____ Date: _____ One Time Zoning Review Fee: \$21.00

One Time Registration Fee: \$50.00 Business Tax: \$ _____ Misc. Fees: \$ _____ Non-Compliant Fee \$250.00 Total Fees: \$ _____