



# 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 \_\_\_\_\_

**Note: If you are a Home-Based Business, you need to complete the Home-Based/Residential Enterprise Affidavit below**

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 Provided: \_\_\_\_\_

**For Retail/Wholesale Only:**

# 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			

The Below Signed Applicant For A Town Of Loxahatchee Groves Business Tax Receipt Hereby Acknowledges That This Business Tax Receipt Is Issued By The Town As Part Of The Town's Taxing Function And Is Not To Be Construed To Be Approval In Any Fashion Or Acknowledgement Of Compliance With Applicable Statutes, Laws And Ordinances Including But Not Limited To Zoning Regulations, Nor Compliance With Any Other Regulators Restrictions Which May Be Applicable To The Subject Site, Including But Not Limited To The Countrywide Wellfield Protection Ordinance, As Amended From Time To Time.

Applicant/Qualifier: please print: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Staff Use Only:**

**CLASSIFICATION CODE:** \_\_\_\_\_ **BTR#** \_\_\_\_\_ **STAFF INITIALS** \_\_\_\_\_

One Time Processing Fee: \$50.00      Business Tax: \$ \_\_\_\_\_      Misc. Fees: \$ \_\_\_\_\_      Non-Compliant Fee \$250.00

Total Fees: \$ \_\_\_\_\_