



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: \$75.00 Business Tax: \$ _____ Misc. Fees: \$ _____ Non-Compliant Fee \$250.00

Total Fees: \$ _____