

# Local Business Tax Receipt Application

**City of Clewiston**  
**121 Central Avenue**  
**Clewiston, Florida 33440**  
**Phone: 863-983-1500 • Fax: 863-983-1430**  
**www.clewiston-fl.gov**

Federal ID or Social Security Number: \_\_\_\_\_ \*

(Application **CANNOT** be processed without this number)

Driver's License # and State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency – Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Proposed Business Activity: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Approximate number of anticipated employees: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Email Address \_\_\_\_\_

## CITY BUILDING AND ZONING APPROVAL

The aforementioned property is within a \_\_\_\_\_ zone which allows the operation of the business.

Building Official: \_\_\_\_\_, on \_\_\_\_\_, 20 .

## CITY FIRE OFFICIAL

The facility complies with the minimum requirements of the Standard Fire Code.

Fire Marshall: \_\_\_\_\_, on \_\_\_\_\_, 20 .

## COUNTY HEALTH DEPARTMENT

The facility complies with the minimum requirements of the Florida Administrative Code 100 series.

Health Department: \_\_\_\_\_, on \_\_\_\_\_, 20 .

## CITY BTR DEPARTMENT

Date of Issuance: \_\_\_\_\_ BTR Number: \_\_\_\_\_

Issued by: \_\_\_\_\_

\* F.S. 205.0535: prohibits issuing Local Business Tax Receipts unless FID or SSN is obtained from the business or person to be licensed.