



**TOWN OF SNEADS**  
 2028 Third Avenue  
 PO Drawer 159  
 Sneads, Florida 32460  
 PH (850)593-6636 Fax (850)593-5079

**LOCAL BUSINESS TAX RECEIPT APPLICATION**

[www.sneadsfl.com](http://www.sneadsfl.com) or Facebook: Town of Sneads – City Hall

Pursuant to Section 205.053, Florida Statute and to Town of Sneads Ordinance, tax rates will, for many businesses, be based upon variables such as: (square footage, number of employees, etc.) It is necessary that the Town update this information in order to accurately assess the Business Taxes. Please complete all applicable items below, which pertain to your category of business.

**NAME AND MAILING ADDRESS**

Date Business Opened \_\_\_\_\_

Business Name \_\_\_\_\_ Applicants Name \_\_\_\_\_

D.B.A. Name \_\_\_\_\_ Applicants Drivers Lic. State \_\_\_\_\_ # \_\_\_\_\_

Type of Business \_\_\_\_\_ State License # \_\_\_\_\_

(if required)

Location Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City Sneads State FL Zip 32460 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal ID Number \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_

Business Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Nature of Business (List ALL activities, types of sale and services) \_\_\_\_\_

**Please enter a Total Number you have of each of the following that apply to your business (inside & outside of building):**

- Square Footage - \_\_\_\_\_
- Dollar Amount of Inventory - \$ \_\_\_\_\_
- Employees - \_\_\_\_\_
- Restaurant/ Lounge Seating - \_\_\_\_\_ Mobile Unit – YES or NO
- Vending Machines (All Coin Operated, inside or outside of building)- \_\_\_\_\_
- Hotel/Motel Rooms - \_\_\_\_\_
- Rental Units/ Property (Apartments, Congregate living facilities, Mobile home lots, etc.) - \_\_\_\_\_
- Service Stations (# hoses, pump, nozzle or dispenser)- \_\_\_\_\_
- Pool Tables - \_\_\_\_\_
- Beauty Salon/ Barber Shop Chairs (Hair, nails, facial and massage) - \_\_\_\_\_
- \*\*\*\*\*Every stylist in your shop has to have a license OR must be included in YOUR license as an extra chair!
- List ALL of your stylist names: \_\_\_\_\_
- Tanning Beds AND/OR Spray Tanning Booths - \_#\_\_\_\_\_

**AFFIDAVIT**

- I hereby certify that all the information provided to be true and correct to the best of my knowledge. If any portion is found to be false or misrepresented, it could or will be just cause for Business Tax Receipt to be revoked, immediately.
- I understand that the issuance of a Local Occupational/ Business Tax Receipt by the Town of Sneads does not signify that the proposed business and/or existing business/building(s) are in compliance with all local and state requirements. The issuance only means that you have paid your Business Tax to the Town of Sneads.
- I understand that if I engage in a business under a Fictitious Name, I must comply with the Fictitious Name Registration Act, Florida Statute, and Chapter 865.09.
- I understand that I must comply with all Town Ordinances and Codes and understand that failure to do so or to correct any violations is punishable by such Ordinance and cause for revocation of this Business Tax Receipt.
- I understand that it is unlawful to conduct or engage in any business, trade, occupation or profession within the Town of Sneads without first obtaining the required Business Tax Receipt. Therefore, I will inform the Town of Sneads, before starting or adding any new sales or services to my business.
- It is further understood that a penalty fee will be imposed for any violations and Business Tax Receipt revoked, immediately.
- I understand the Town will and can make routine checks of my business without notice.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_