## CITY OF VENICE PLANNING AND ZONING DIVISION

401 W. Venice Avenue, Venice, FL 34285 (941) 486-2626 ext. 7444 www.venicegov.com

## **LOCAL BUSINESS TAX RECEIPT APPLICATION**

Submit a complete application package including a New Tenant Occupancy Form to the Planning and Zoning Division. All information must be legible and will become a permanent part of the public record. Incomplete applications will not be reviewed and will be returned to the applicant. Refer to the City of Venice Code of Ordinances Section 66-101. through 66-118. For more information.

☐ New Business	☐ Change of Ownership	☐ Chai	nge of Address	☐ Name Change		
Legal Structure of Business:	☐ Partnership	☐ Sol	e Proprietorship	☐ Corporation (provide Employer Identification Number)		
Business Name:						
Physical Business Address:						
Mailing Address:						
City, State, Zip						
Type of Business:			Business Phone:			
Email:			Number of Employees (at this location):			
OWNER INFORMATION/CORPORATE OFFICERS						
Name:			Title:			
Home Address:		Cell Phone:				
Social Security # (not required if EIN provided):		EIN:				
Birth Date:			Driver's License:			
Under penalties of perjury, I hereby certify that the above information is true and correct to the best of my knowledge.						
Signature of Owner:			Date:			

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<u>RM</u>		
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censes.		
er (if applicable).		
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nter upon the subject pro	perty for the p	hereby grant his/her consent to the Zoning urposes of making any examinations, surveys, property for the duration of the petition.
Date Entered:		Business #
Classification:		Annual Fee:
	Signature:	
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