



# CITY OF VENICE PLANNING AND ZONING DIVISION

401 W. Venice Avenue  
Venice, FL 34285  
(941) 486-2626  
[www.venicegov.com](http://www.venicegov.com)

## LOCAL BUSINESS TAX RECEIPT APPLICATION

**All information on the application must be legible. Incomplete applications cannot be processed.**

New Business     
  Change of Ownership     
  Change of Address     
  Name Change

**Legal Structure of Business:**

Partnership     
  Sole Proprietorship     
  Corporation (provide Employer Identification Number)

**Business Name:**

Physical Address:

Mailing Address:

Type of Business:

Number of Employees:

### OWNER INFORMATION/CORPORATE OFFICERS

**Name:**

**Title:**

Home Address:

Email:

Phone:

Birth Date:

Social Security No. (not required if EIN provided):

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:

This application and all applicable required information (listed below) MUST be submitted to constitute a complete application.

**Document from the Department of State Division of Corporations ([sunbiz.org](http://sunbiz.org)) reflecting the manager/officer name.**

**A copy of all applicable state licenses.**

**Employee Identification Number (if applicable).**

Submit application to the City of Venice Planning and Zoning Division, at 401 W. Venice Ave., Venice, FL 34285. All submitted information will become a permanent part of the public record.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property and the application.

Location ID:	Date Entered:	Business #
License #	Classification:	Annual Fee:
Comments:		

Planning and Zoning Name:	Signature: