

LOCAL BUSINESS TAX RECEIPT APPLICATION PROCEDURE

According to Ordinance # 08-331, any persons, firms, businesses or home occupations located or operating in the City of Parker must obtain (and maintain) a local Business Tax Receipt (**BTR**). All BTRs expire on September 30th. Late fees are charged for late renewals with 10 percent for the month of October plus an additional 5 percent penalty for each subsequent month of delinquency until paid not to exceed 25 percent. (FS§205.053)

Will your business be located within the Parker city limits?

If no, STOP, the city does not issue BTR unless your business is physically located within city limits. (FS§205.065)

Have you notified the State of Florida in any way of your business?

If yes, your business name must match the state documentation and you will need to bring proof of your fictitious registration, articles of incorporation of LLC and/or proof of FEIN.

If no, depending on the type of business you wish to conduct, you may have to have a State license. State registration is **NOT** necessary if your business name will include the owner's first and last name.

Do you own the property where the business is located?

If yes, include a copy of your deed or settlement statement or printout from Bay County tax appraiser's web site: <http://www.qpublic.net/bay/>

If no, you must include a copy of your lease.

When your completed application and copies of all back-up documents are turned into the Business Tax Department, your application will be reviewed by the appropriate people.

You will be contacted by this BTR department for the amount of your license; once paid your BTR license will be processed.



CITY OF PARKER BUSINESS TAX RECEIPT APPLICATION

1001 West Park Street, Parker, FL 32404
Phone: 850-871-4104 Fax: 850-871-6684

Filing this application and remitting the fee for a Business Tax Receipt (BTR) does not allow the applicant to operate or engage in any type of business, occupation or profession until the City issues a BTR license(s) to the applicant.

Date: _____

___ New/Commercial ___ Update ___ Add Classification ___ Change Classification

TRANSFER: ___ Name ___ Location ___ Ownership

Transferred from: _____

Transferred to: _____

Name of Business or Individual: _____

Business Description: _____

Street Address: _____

City _____ State _____ Zip _____

Business Phone _____ Fax # _____

Mailing Address _____

City _____ State _____ Zip _____

Name of Owner of Business (If Corporation, provide corporate officer information)

Home Address: _____

City _____ State _____ Zip _____

Home Phone # _____ FEIN# OR SSN # _____

Driver's License Number/State: _____

Additional Requirements: State License # _____
(If Applicable, Attach Copy)

___ Corporation ___ LLC ___ Fictitious Registration ___ Incorporated ___ 1st/Last Name
(If Applicable, Attach Copy)

COMPLETE ALL THAT APPLY TO YOUR BUSINESS

Approx Retail Inventory	_____	Restaurant seating capacity.....	_____
# of Video/game machines.....	_____	Alcoholic beverage sold	_____
# Juke box/dart.....	_____	Alcoholic beverage served.....	_____
# Pool Tables	_____	# Beauty shop operators.....	_____

CERTIFICATION: I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any license(s) issued to me. I acknowledge that the issuance of this business tax receipt license is contingent upon complying with the building and fire requirements of the City. Inspections will be performed and should deficiencies be found that are in conflict with required codes, I understand that the City will not issue the business tax receipt license until I (or the owner of the building if leased) make the required corrections. I understand that should corrections be necessary, I am not permitted to operate this business until those corrections have been made and all applicable fees have been paid. It is further understood that **I must FULLY comply with the Codes of the City of Parker.**

I further understand that it is the applicant's responsibility to secure the license(s) prior to conducting business in the City of Parker. (850-871-4104).

Signature of Owner of Business _____ Date _____

Printed Name _____

FOR OFFICIAL USE ONLY

Date Received _____ Address _____

Parcel # _____ Land Use Class _____ Parking requirements _____

___ Proof of ownership of property _____ Proof of Corporation, LLC, fictitious name, etc

___ Copy of authorization from property owner(s) to operate business

List any code restrictions or conditional use: _____

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

_____ Full Fiscal Year _____ Half Year _____ Transfer

BTR Total: _____ Date Paid _____ ● Cash ● Check Total Paid \$ _____

Class _____ Fee _____ Class _____ Fee _____

Class _____ Fee _____ Class _____ Fee _____