

City of
Neptune Beach

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APPLICATION FOR LOCAL BUSINESS TAX RECEIPT

Application Date_____

Business Name_____

Business Owner_____

Business Address_____

Business Phone_____

Business Description/Type_____

Floor Sq Ft (Commercial Properties Only)._____

Business Form (circle one) Sole Proprietor, Partnership, S Corp , C Corp, Joint Venture, LLC

Alterations to the site (including signs) _____

Number of Vending/Game Machines/Billiard/Pool Tables/Etc._____

Federal ID No._____ Social Security No_____

Sales Tax No._____ Driver's License No._____

State License No._____ Date of Birth_____

Owner's Home Address_____

Phone #_____ Will business be operated at home? _____

I, _____ (print name), being authorized to sign for the business named above hereby make application for the privilege of engaging in business with the City of Neptune Beach. I further understand that should the business be found guilty of violation of any law, statute or city ordinance that the occupational license may be revoked. I acknowledge that all information supplied on this application shall become a public record.

Applicant's signature_____

A DUVAL COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE OBTAINED WITHIN 72 HOURS OF RECEIPT OF A NEPTUNE BEACH LOCAL BUSINESS TAX RECEIPT!