



CITY OF JACKSONVILLE BEACH LOCAL BUSINESS TAX FORM

City Clerk's Office
11 North 3rd Street
Jacksonville Beach, FL 32250
(904) 247-6250
cityclerk@jaxbchfl.net

SECTION 1: Business Information New Transfer Home Based Office Application Date: _____

Business Name: _____

Street Address: _____ Business Phone: _____

Mailing Address: _____

Email Address: _____

SSN or FEIN (*Required per Florida Statutes, Ch. 205*) _____

Business Operations/Description: _____

****All Food Service Facilities must attach*: Public Works Dept. Grease Trap Inspection Report - call 247-6224
Fire Department Inspection Report - call 247-6239***

Florida State DBPR Professional Certificate, Registration, or License Required (*Copy Attached*): Yes No
Type: _____ # _____

Check all applicable boxes below and attach Florida Dept. of State - Div. of Corporations Documents to application:

Sole Proprietor Partnership Corporation LLC Fictitious Name Registration

SECTION 2: Business Owner/Applicant Information

Name: _____ Copy of Photo ID Attached

Home Address: _____

Home Phone: _____ Alternate Phone: _____

SECTION 3: Certification

I certify that all information contained herein is true and correct to the best of my knowledge and belief. I understand that any false or misleading information on this tax form, failure to pay the required local business tax, or failure to comply with the City of Jacksonville Beach Code of Ordinances regulating the operation of local businesses may be cause for revocation of the privilege to operate this business within the city limits of Jacksonville Beach.

Signature of Applicant: _____ Date: _____

SECTION 4: City Clerk's Office

Control # _____ LBT Receipt # _____

Cash Check # _____ SIC Code(s): _____

Annual LB Tax \$ _____ Home Occ. Permit Fee \$ _____

Half Year LB Tax \$ _____ Transfer Fee \$ _____

Received by: _____ Date: _____

SECTION 5: Planning and Development - LDC Compliance

Zoning Classification: _____ Business/Occupation: _____ Permitted Use: Yes

Subject to Home Occupation Regulations (*Code of Ordinances - LDC 34-399*) No

Subject to Sign Standards and Permit Regulations (*Code of Ordinances - LDC 34-441*)

Other: _____

Reviewed by: _____ Date: _____