



CITY OF JACKSONVILLE BEACH
SEASONAL ITEMS SALES
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

Application Date: _____

Business Name: _____

Business Street Address: _____ Business Phone: _____

Mailing Address: _____

Email Address: _____

Owner/Applicant Name: _____

Home Address: _____

Alternate Phone: _____

Copy of Photo ID Attached

SECTION 2: Attachments – Required with Application:

1. Division of Corporations Documents, if applicable:

_____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____ Fictitious Name Registration

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

2. Site Plan, per Section 21-56

3. Property Owner Authorization

4. Fireworks Sales: State of Florida Certificate of Registration Seasonal Retailer, per location

SECTION 3: Certification:

I certify the information contained herein is true and correct to the best of my knowledge. I understand that any false or misleading information on this application, failure to pay the required permit fee, or failure to comply with Chapter 21, Article IV-Seasonal Items Sales, of the City of Jacksonville Beach Code of Ordinances, may be cause for the City Manager to revoke the permit.

Seasonal Sales: I have received a copy of Chapter 21, Article IV

Fireworks Sales: I have received a copy of Section 16-11

Signature of Applicant: _____ Date: _____

SECTION 4: City Clerk's Office SIC Code: 5261A Business Control # _____ Permit # _____

Fireworks _____ Pumpkins _____ Christmas Trees _____ Firewood _____ Other _____

Half Year LB Tax \$ 39.60 (ea.) Check # _____ Cash _____

Received by: _____ Date: _____

SECTION 5: Planning & Development – LDC Compliance

Zoning Classification: _____ Business/Occupation: _____

Permitted Use: _____ Yes _____ No

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

Other: _____

Reviewed by: _____ Date: _____