

CITY OF VENICE  
 APPLICATION FOR LOCAL BUSINESS TAX RECEIPT  
 401 W. VENICE AVENUE  
 VENICE, FLORIDA 34285

FAX: (941) 480-3031

(941) 486-2626 EXT. 28004

Partnership: \_\_\_ Sole Proprietor: \_\_\_ Corporate Federal Id # (EIN) : \_\_\_\_\_

New Business: \_\_\_ Change of Address: \_\_\_ Change of Ownership: \_\_\_ Name Change: \_\_\_ Other: \_\_\_

Business Name:	Phone:
Location Address:	Zipcode:
Mailing Address:	Zipcode:
Type of Business:	Number of Employees:
Emergency Contact:	Phone:

**OWNER INFORMATION / CORPORATE OFFICERS**

Name:	Title:	
Home Address:	Zip:	Phone:
Birthdate:	Drivers Lic#:	

Name:	Title:	
Home Address:	Zip:	Phone:
Birthdate:	Drivers Lic#:	

Name:	Title:	
Home Address:	Zip:	Phone:
Birthdate:	Drivers Lic#:	

***Under Penalties Of Perjury, I Hereby Certify That The Above Information Is True & Correct To The Best Of My Knowledge***

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner or Agent**

***\*Please attach any State Licenses***

**For Office Use Only**

Loc. I.D:	Date Entered:	Business #:
License#:	Classification:	Annual Fee:
License#:	Classification:	Annual Fee:
License#:	Classification:	Annual Fee:
Comments:		