



# Planning and Zoning

401 West Venice Avenue  
Venice, FL 34285  
(941) 486-2626  
[www.venicegov.com](http://www.venicegov.com)

## Local Business Tax Receipt Application

**All information on the application must be legible. Incomplete applications cannot be processed.**

<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership		<input type="checkbox"/> Change of Address		<input type="checkbox"/> Name Change	
Legal Structure of Business:							
<input type="checkbox"/> Partnership		<input type="checkbox"/> Sole Proprietorship			<input type="checkbox"/> Corporation (Provide Employer Identification Number Below)		
Business Name:							
Physical Address:							
Mailing Address:							
Type of Business:					Number of Employees:		
<b>Owner Information/Corporate Officers</b>							
Name:					Title:		
Home Address:							
Email:					Phone:		
Birth Date:		Driver's License No.:					
Under penalties of perjury, I hereby certify that the above information is true and correct to the best of my knowledge.							
Signature of Business Owner:					Date:		

<b>This application and all applicable required information (listed below) MUST be submitted to constitute a complete application.</b>	
<input type="checkbox"/> Document from the Department of State Division of Corporations ( <a href="http://WWW.SUNBIZ.ORG">WWW.SUNBIZ.ORG</a> ) reflecting the manager/officer name and the local address of the business	
<input type="checkbox"/> A copy of all applicable state licenses	
<input type="checkbox"/> Employee Identification Number (if applicable)	

Submit application to the City of Venice Planning and Zoning Department at 401 West Venice Avenue, Venice, FL 34285. All submitted information will become a permanent part of the public record.

By submitting this application, the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property and the application.

Location ID:	Date Entered:	Business #:
License #:	Classification:	Annual Fee:
Comments:		

Planning and Zoning Name:	Signature: