



**City of Belle Glade**  
110 Dr. Martin Luther King, Jr. West  
Belle Glade, FL 33430  
(561) 996-0100 Ext. 2141  
Fax: (561) 286-2031

### **Business Tax Application**

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

**FEIN/SSN #:** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Driver Lic. #** \_\_\_\_\_

**New Business: Yes / No** **State License #:** \_\_\_\_\_

**Transfer Business: Yes / No** **Previous Address:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

**Qualifier Name:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**\*\*A FICTITIOUS NAME REGISTRATION MUST ACCOMPANY THE APPLICATION\*\***

**I do solemnly swear that the above statement is true and accurate to the best of my knowledge.**

**Signature of Applicant:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**For Office Use Only:**

**Zoning Department: Approved/Disapproved**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
561-996-0100 Ext 2108

**Building Department: Approved/Disapproved**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
561-996-0100 Ext 2111

**Fire Department: Approved/Disapproved**

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
561-233-0050