

**Transfer** (*Same Business Owner, New Location*) 10% of annual fee

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

**d/b/a:** \_\_\_\_\_

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

**Contact Phone #:** \_\_\_\_\_

This transfer application will be routed for approval. Applicant may be contacted by City for additional information. Submission of application does not guarantee approval. Upon approval of the application, the applicant will be notified of the transfer amount due. Business Tax Receipts are active from October 1 - September 30.

**When submitting this transfer application, please attach the following:**

           Copy of Fictitious Name or Corporation Affidavit, with new address

           Transfer Application Fee of \$25.00 (Non-Refundable) - Transfer fee is 10% of annual fee

**Business Information**

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

**d/b/a:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address if Different:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Does your new location have an Alarm System** YES \_\_\_\_\_ NO \_\_\_\_\_ **If yes, please contact the Police Department directly to complete their form.**

**Business Owner's Information**

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

**Home Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Date

**BUSINESS ACTIVITY CLASSIFICATIONS**  
**PLEASE COMPLETE AND CHOOSE ALL THAT APPLY TO YOUR BUSINESS**

1) **Type of CONTRACTOR?**       General Contractor       Subcontractor  
 State License # (if required) \_\_\_\_\_

2) **AUTOMOBILES**  
 Dealer: New cars, sales/repairs       Dealer: Used cars, sales/repairs  
 Taxi or Limousines # of Taxi/Limousines \_\_\_\_\_  
 Garage & filling station: including repair, sale of gas, oil, tires, accessories and parts  
 Car Wash       Vehicle Detailing       Vehicle Rentals       Motorcycles  
 Golf Cart Rentals       Low Speed Vehicles       Segways       Scooter Rentals

3) **BOAT DEALERS / BOAT YARDS** (Marinas – **\*\*\*Please complete separate Dec page on the docks you rent\*\*\* List all Charter Boat Captains with their addresses that rent at your location**)  
 Dealer: New or Used Boats, including sale of marine supplies (marine supplies only, see Merchant, retail)  
 Boat yard and marina, including dry dock or marine ways for care, repair or construction  
 Jet Skis – # of Jet Skis \_\_\_\_\_  
 Charter, Sightseeing or Rental Boats      Total # of Boats: \_\_\_\_\_ (if this line has been checked, please complete table below. Complete 1 line for each boat you have)

*Please complete table below for each boat being rented:*

<i>Type of Boat: Charter Boat, Sightseeing, or Rental (Please specify type of boat)</i>	<i>Boat's Maximum # of Person Capacity</i>	<i>Boat Registration or Document #</i>

4) **COIN OPERATED DEVICES** – (Any vending machine that dispense products, merchandise, or services or an amusement or game machine)  
**NOTE:** The business location is responsible for the required business tax for each coin operated device operated at your location.  
 # of Merchandise Vending Machines \_\_\_\_\_ # of Service Vending Machines \_\_\_\_\_  
 # of Amusement Machines \_\_\_\_\_ # of Pool Tables \_\_\_\_\_  
 # of Electronic Devices \_\_\_\_\_ # of Coin operated Washers etc. \_\_\_\_\_  
 # of Other: \_\_\_\_\_ # of Coin operated Dryers, etc. \_\_\_\_\_

5) **MERCHANTS RETAIL/WHOLESALE** - (Annual inventory value shall mean the dollar value (cost) of a business ending inventory as of the end of the most recently completed fiscal year)  
 Stock up to \$5,000       Stock from \$5,001.00 to \$10,000.00       Stock of over \$10,000.00

6) **RESTAURANTS, CARRY OUT, DRINKING ESTABLISHMENT:**  
 Exact # of Indoor Seating: \_\_\_\_\_ Exact # of Outdoor Seating: \_\_\_\_\_

- 7) **SERVICES** (If you provide any type of service) Details: \_\_\_\_\_
- 8) **WAREHOUSE:** –  mini storage  lockers
- 9) **FINANCIAL INSTITUTIONS:**  Banks  Savings and Loans  Credit Union  Mortgage Companies
- 10) **RENTAL/PROPERTY MANAGEMENT CO:** \_\_\_\_\_
- 11) **OTHER RENTALS:** *Choose all that apply*  
 Paddleboards, Kayaks  Bikes, Tricycle, or Tandems  
 Baby Supplies, Beach Supplies or similar rental
- 12) **BARBERSHOPS/BEAUTY PARLORS-** Each State Licensed individual is required to obtain an individual Local Business Tax Receipt– Please complete State Licensed Professional section and attach an additional sheet if needed  
 Total # of Chairs \_\_\_\_\_  
 Total inventory value of retail product for sale \$ \_\_\_\_\_  
 # of licensed barbers/beauticians/stylists/nail techs/massage therapists, etc. at your location receiving a W2:  
 \_\_\_\_\_  
 Receiving a 1099-MISC or renting their own station: \_\_\_\_\_
- 13) **PROFESSIONAL** – including but not limited to public accountants, brokers, architects, civil engineers, surveyors, osteopathy, physicians, veterinarians, lawyers, dentists, hair stylists, barbers, nail techs, massage therapists, tattoo businesses and artists, health or fitness clubs, personal trainers, aerobics instructors, etc. and any other similar profession which requires state licensing. The tax shall be construed to mean that each individual shall pay the tax provided for, whether practicing for their self or in partnership or employed by another, except where such employee is paid a straight salary only. Each State Licensed Professional is required to obtain an individual Local Business Tax Receipt – Please complete State Licensed Professional section and attach an additional sheet if needed  
 Please indicate profession: \_\_\_\_\_  
 Total # of licensed Professionals at your location receiving a W2 \_\_\_\_\_  
 Total # of licensed Professionals receiving a 1099-MISC whether practicing for themselves or in partnership or employed by another entity \_\_\_\_\_

**STATE LICENSED PROFESSIONALS:**

Name	Profession/Type of License	Address, City, Zip	Phone Number

**THIS PAGE IS TO BE COMPLETED BY BUSINESS OWNER**

I hereby certify that the information in the transfer application is true and correct and that I am the owner of the Business. I further understand that providing false or misleading information on this application may result in being denied, or loss thereof, of any business tax receipts or permits issued by the City of Holmes Beach which were based upon information provided in this application and its attachments. I further understand that if there are any subsequent changes in the operation of my business as stated above, that I will agree to file the necessary application and seek prior approval from the City of Holmes Beach for any such changes. Failure to obtain the necessary approval will result in the loss of business tax receipts or permits issued by the City of Holmes Beach that were based on this application.

By executing this application, I acknowledge that the business is subject to local, state and federal laws and regulations. I acknowledge that the business and its intended use must comply with all applicable regulations.

Completion or acceptance of an application for and issuance or payment of Business Tax Receipt by the City of Holmes Beach does not constitute a determination by the City that the property/business for which the tax is being paid is in full compliance with applicable federal, State, and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

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

\_\_\_\_\_ Business Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Please print name (Business Owner) \_\_\_\_\_

***Notarization Required***

State of \_\_\_\_\_

County \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_ Signature of Notary

Personally Known \_\_\_\_\_

Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Name of Notary Typed, Printed or Stamped

In Foreign Countries – Oaths, affidavits, and acknowledgments, required or authorized by the laws of this state, may be taken or administered in any foreign country, by or before any judge or justice of a court of last resort, any notary public of such foreign country, any minister, consul general, charge d'affaires, or consul of the United States resident in such country. The jurat, or certificate of proof of acknowledgment, shall be authenticated by the signature and official seal of the officer or person taking or administering the same; provided, however, when taken or administered by or before any judge or justice of a court of last resort, the seal of such court may be affixed as the seal of such judge or justice.