



CITY OF ST. AUGUSTINE BEACH, 2200 A1A South, St. Augustine Beach, FL 32080

### BUSINESS TAX RECEIPT APPLICATION

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

Business Owner \_\_\_\_\_  
(if corporate, name of corporation)

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Address \_\_\_\_\_

Name & title of all principals:

1) \_\_\_\_\_  
Name Title

2) \_\_\_\_\_  
Name Title

3) \_\_\_\_\_  
Name Title

4) \_\_\_\_\_  
Name Title

\*\*\*\*\*

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Applicant's Phone # \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Type of Business \_\_\_\_\_

No. employees (if retail merchant) \_\_\_\_\_

No. seats (restaurants) \_\_\_\_\_

No. units (hotels, condos, apts., rentals) \_\_\_\_\_

No. machines (vending or jukebox) \_\_\_\_\_

Other (if required by business category) \_\_\_\_\_

**Please include copies of all required documents with this request form.**

Fictitious name used? ( ) Yes ( ) No

Registration attached? ( ) Yes ( ) No

Employer ID Number (EIN) or Social Security Number \_\_\_\_\_

State Sales Tax Permit # \_\_\_\_\_

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Garbage/Trash collection for business: City collection/disposal will be provided, and a service charge assessed unless a copy of a contract with an authorized collection company is provided.

City Collection ( ) (Complete pages 3-4 as applicable)

Private Contract ( ) Company Name \_\_\_\_\_

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I understand that a Business Tax Receipt must also be secured from the Tax Collector's Office of St. Johns County.

Signature: \_\_\_\_\_

\*\*\*\*\*

**Attach required State license(s) for hotels/motels; restaurants; architects; barbers; CPAs; community association managers; construction industry; cosmetologists; electrical/alarm contractors; elevator technicians; employee leasing companies; home inspectors; landscape architecture; martial arts instructors; real estate; veterinary medicine; or any other State licensed profession.**

\*\*\*\*\*

In filing this application, I understand that it becomes a part of the Public Record of the City of St. Augustine Beach and hereby certify that all the information contained herein is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please include copies of all required documents with this request form.*

## COMMERCIAL GARBAGE/TRASH COLLECTION REQUEST

I request that the business at the address below be billed for solid waste services effective,

\_\_\_\_\_ (Date)

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

Service Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Would you prefer to receive bills by mail or email?    Mail \_\_\_\_\_    Email \_\_\_\_\_

**By signing below, I understand that I will need to purchase trash cans from the City for services. I understand that transient rentals will be billed through taxes for collection, all other businesses will be billed monthly.**

Please indicate the number of cans requested:

\_\_\_\_\_ 96 gallon can(s) at \$57.60 each.

The cost of the trash can is a one-time fee. Additional cans can be purchased later, if needed.

Number of times per week collection    1 (    )    2 (    ) (*Weekly rate will be doubled*)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please include copies of all required documents with this request form.***

## SOLID WASTE DISPOSAL

Section 10-13 of the St. Augustine Beach City Code requires that all commercial premises pay a service charge to the City for the disposal of solid waste collected by the City unless they provide evidence of a contract for dumpster service or evidence that waste collection is unnecessary.

Arrangements for City collection or exemption from these requirements should be made prior to engaging in business at a new location.

These service charges are based on the cost to the City for disposal in the County's landfill and are billed monthly in arrears or quarterly in advance based upon the City Code.

Bills for the service charge must be sent to the **property owner** unless the owner agrees in writing to have the billing sent to the tenant. This does not apply to services billed through taxes.

**If you are the property owner:** please complete the necessary forms indicating the number of trash receptacles for collection and number of service days.

**If you are a tenant at this business address:** please indicate the name and address of the property owner in order that he might be contacted regarding these forms. It will be necessary that you discuss this matter with the property owner to determine the number of receptacles and service days required, etc.

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

*Please include copies of all required documents with this request form.*

**CITY OF ST. AUGUSTINE BEACH APPLICATION FOR USE PERMIT**

Property Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Legal Description of Property**

Business Address: \_\_\_\_\_ Parcel Id: \_\_\_\_\_

Name of Proposed Business: \_\_\_\_\_

**Type of Business:** New Business: ( ) or Existing Business-change of owner: ( )

AGREEMENT: In filing this application, I understand that it becomes a part of the Public Record of the City of St. Augustine Beach and hereby certify that all the information contained herein is accurate to the best of my knowledge. I further understand that a USE PERMIT is required prior to occupying a building, structure, or premises for business purposes.

\_\_\_\_\_  
Signature of Applicant Date

**BELOW FOR OFFICE USE ONLY**

Released for Inspection: \_\_\_\_\_  
City Clerk's Office Signature Date

Property Zoned as: \_\_\_\_\_ Previous Use: \_\_\_\_\_  
( ) Approved ( ) Denied

\_\_\_\_\_  
Planning & Zoning Division Signature Date

**Inspection(s) by Code Enforcement Officer:**

Inspection Date: \_\_\_\_\_ ( ) Pass ( ) Fail Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ ( ) Pass ( ) Fail Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

*Please include copies of all required documents with this request form.*

**REQUEST FOR BUSINESS TAX FEE EXEMPTION**

<b>Name of Business:</b>	
<b>Name of Owner:</b>	
<b>Business Address:</b>	

I, \_\_\_\_\_, DO HEREBY CERTIFY THE LOCAL BUSINESS TAX FOR WHICH I AM APPLYING MEETS THE FLORIDA STATE STATUTE REQUIREMENTS FOR A LOCAL BUSINESS TAX FEE EXEMPTION IN ACCORDANCE WITH THE ITEM(S) CHECKED BELOW AND I DO HEREBY APPLY FOR THE SAME. I UNDERSTAND THAT FRAUDULENT CLAIMS WILL RESULT IN PROSECUTION.

\_\_\_\_\_ I am an honorably discharged veteran AND I am a permanent resident of the County of St. Johns, Florida, AND I have fewer than 100 employees AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.055 - Honorable Discharge Certificate or DD-214 required.)

\_\_\_\_\_ I am the spouse or unmarried widow(er) of an honorably discharged veteran AND I am a permanent resident of the County of St. Johns, Florida, AND I have fewer than 100 employees AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.055 - Honorable Discharge Certificate or DD-214 AND Marriage Certificate AND Death Certificate, if applicable, required.)

\_\_\_\_\_ I am receiving public assistance on behalf of a child under 18 years of age who has an absent parent OR who I am fostering per F.S. 409.2554 AND I am a permanent resident of the County of St. Johns, Florida, AND I have fewer than 100 employees AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.055 – Proof of benefits required.)

\_\_\_\_\_ My household income is below 130% of the current year’s federal poverty level AND I am a permanent resident of the County of St. Johns, Florida, AND I have fewer than 100 employees AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.055 – Proof of household income required)

\_\_\_\_\_ I am a physically disabled person incapable of manual labor AND I am a permanent resident of the County of St. Johns, Florida AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 - Physician Certificate of Disability from performing manual labor required.)

\_\_\_\_\_ I am a widow(er) with dependent children AND I am a permanent resident of the County of St. Johns, Florida AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.163 - Marriage Certificate AND Death Certificate AND Children’s Birth Certificate(s) required.)

\_\_\_\_\_ I am sixty-five years of age or older AND I am a permanent resident of the County of St. Johns, Florida AND I do not have more than one (1) employee AND I use my own capital only, which does not exceed one thousand dollars (\$1,000) AND I do not sell intoxicating liquors or malt and vinous beverages. (F.S. 205.162 - Florida Driver’s License OR other proof of age required.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please include copies of all required documents with this request form.*