TOWN OF KENNETH CITY

A SAFE, FRIENDLY, SMALL TOWN

6000 54th Avenue North - Kenneth City, Florida 33709
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Town of Kenneth City New/Renewal Business Tax Receipt Application 2025-2026

Application is hereby made for a business tax receipt for the purpose of engaging in the business, profession or occupation herein described. Please be advised, your business and its location must meet zoning, planning and fire approvals prior to your tax receipt being issued. It is our recommendation beforehand to make sure (before you sign any contracts or leases) to consult with the Town Clerk.

Name of Business:_____

Address of Business: _____

Type of Business:_____ Business Phone #: _____

Business Mailing Address:_____

Check one: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ LLC

If a corporation, partnership or LLC, please provide names and addresses of all officers etc. along with copies of paperwork.

Names:	Addresses:
_____	_____
_____	_____
_____	_____

Per F.S. 865.09, any name under which a person transacts business in this state, other than the person's legal name, must register with the Florida Department of State (Sunbiz.org). Copies of this paperwork should also be turned in with this application.

Applicant's Name:_____ Phone #:_____

Applicant's Email Address_____

Applicant's Address:_____

Applicant's Driver's License #:_____State of Issuance:_____

FEIN #_____Social Security #_____

Is this business or occupation regulated by any Federal, State or Local agency, board or organization? Yes ☐ No ☐
If yes, please provide a copy of the applicable regulatory documentation along with this application.

To determine your business tax, please answer the applicable questions:

# of Employees:_____ # of Vehicles:_____

# of Resident/Patient Capacity (for Nursing Homes, Hospitals, Congregate Living):_____

# of Vending Machines:_____ Type of Machines _____

Do you own or lease the machines? ☐ Owned ☐ Leased?

If leased, please provide name/address/phone of vendor:_____

_____

# of Licensed Professionals:_____ # of Stations in Barber/Cosmetology/Salon/Nail Salon:_____

# of Rental Units in Multi-family/Apartment Complexes:_____

# of Seats in Restaurant/Café/Bar:_____ Do you have a drive thru? Yes ☐ No ☐

# of pumps for gas stations:_____

Inventory Value **AT COST**:_____

Application is hereby made for a business permit for the privilege of engaging in the business, profession or occupation herein described, and swear/affirm that all information furnished, by me, in this application is true and correct.

_____ _____

Signature Date

OFFICIAL USE ONLY

Comments:
Building:
Zoning:
Fire:

Fictitious Name Affidavit

I hereby attest that I am not required to register my business with the Secretary of State of Florida under the Fictitious Name Act for one of the following:

- ☐ Doing business under my legal name.
- ☐ Business is incorporated and registered with the Secretary of State.
- ☐ Business name is a registered trademark.
- ☐ Exempt due to being licensed by DBPR.
- ☐ Federally chartered bank.
- ☐ Other

Name: _____

_____ _____

Signature Date

Fire Department Questionnaire

The following questions need to be answered for the Fire Department. Thank you for your cooperation.

Also, per Florida Statute Chapter 442, businesses are required to report toxic substances to their local fire department as well as keep a list of the substances on file at the business location. Please complete and sign the Hazardous Material Management Plan attached to this application.

☐ If you do not have any hazardous substances at your business location and do not use any hazardous substances, please check the line preceding this sentence.

Name & Address of Business: _____

_____

Telephone Number:_____

Is your business open to the public? Yes ☐ No ☐

Does your business have exit signs indicating the exit door(s) or pathway? Yes ☐ No ☐

Are your exit signs the lighted type? Yes ☐ No ☐

Are the lights working properly over the exit sign(s)? Yes ☐ No ☐

Does your place of business have fire extinguishers? Yes ☐ No ☐

How many exits do you have? _____

List two (2) names of emergency contact persons (key holders).

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Required permits from other agencies:

Agency	Number
_____	_____
_____	_____
_____	_____

Hazardous Material Information

☐ Check here if not applicable

Type of Permit (check one)

☐ Temporary (30 days or less)

☐ Provisional (existing business)

☐ Full (new)

Specify quantity range (check one):

☐ Range #1 – Up to and including 500 pounds of solids, 55 gallons for liquids and 200 cubic feet at STP* for compressed gases.

☐ Range #2 – Between 501 and 5,000 pounds of solids, 56 and 549 gallons for liquids and 201 and 2,000 cubic feet at STP* for compressed gases.

☐ Range #3 – Between 5,001 and 25,000 pounds for solids, 550 and 2,750 gallons for liquids, and 2,001 and 10,000 cubic feet at STP* for compressed gases.

☐ Range #4 – Between 25,001 and 50,000 pounds for solids, 2,751 and 5,500 gallons for liquids, and 10,001 and 20,000 cubic feet at STP* for compressed gases.

☐ Range #5 – More than 50,000 pounds for solids, 5,501 gallons for liquids, and 20,001 cubic feet at STP* for compressed gases.

(Form updated Aug 2025)