



Planning and Development Department
 100 S. Myrtle Ave, Ste 230 Clearwater, FL 33756
 BTR Line: (727) 562-4005
 Telephone: (727) 562-4720
www.myclearwater.com
 Office Hrs: 8:00 – 5:00 M,T,Th & F
 Wednesday 8:00 – 2:30

APPLICATION FOR BUSINESS TAX RECEIPT

Application Must Be Submitted Online at:

<https://www.myclearwater.com>; Apply/Renew Business Tax Receipts (BTR)

BUSINESS INFORMATION	
Business Name _____	
Fictitious Name Cert # _____ (Only if you are using a business name other than your first/last name)	
Physical Business Address _____ Suite # _____	
City: _____ State: _____ Zip Code: _____	
Business Phone: _____	
OWNER INFORMATION	
Owner/Qualifier Name: _____	
Owner Home Phone: _____	
Business Mailing Address (if different from business address): _____	
Suite/Apt #: _____ City: _____ State: _____ Zip Code: _____	
E-Mail Address: _____	
Date of business opening: _____	
Description of Business: _____	
Number of Employees: _____	
Wholesale cost of current inventory for "merchant" category only: \$ _____	
Complete all that apply: <input type="radio"/> Individual <input type="radio"/> Partnership #: _____ <input type="radio"/> Corporation #: _____	
<small>I certify that the information given in this application is complete and accurate and I understand that to make false or fraudulent statements within this application may result in denial of business tax receipt and possible legal action. If granted a business tax receipt, I agree to operate within the city and state laws, and to notify the City of Clearwater Development and Neighborhood Services Department, if any of the information I have given changes, I also certify that I am the business owner or owner's legal agent.</small>	
Signature: _____ Print Name: _____ Date: _____	

FOR CITY USE ONLY:

Department Approval	Date	Staff Initials	Category #	Fee Amount
Zoning				
Traffic Eng				
Building				
Police				
Fire				
DBPR/PCCLB				
Fictitious Name				
OTHER				

BTR-	_____
REG-	_____

Revised: 06.16.2020