



**Town of Ponce Inlet**  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127  
 386-236-2182 (voice)  
 386-322-6717 (fax)

**BUSINESS TAX RECEIPT  
 VENDING/AMUSEMENT MACHINE  
 APPLICATION**

Submittal Receipt # and Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT COMPLETELY**

**TYPE OF LICENSE:**    **NEW**                      **Renewal**                      **Transfer**                      **LICENSE #:** \_\_\_\_\_

**SECTION 1: BUSINESS OWNER INFORMATION (VENDING COMPANY)**

Business Name			
Contact Name			
Mailing Address			
Tax ID Number		SS Number	
Business Phone		E-Mail	
Cell Phone		Fax	
Emergency Contact Name		Emergency Contact #	

**SECTION 2: PROPERTY OWNER INFORMATION**

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

Property Owner Phone Number: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

**SECTION 2: BUSINESS DETAILS**

Type of Vending Machines: \_\_\_\_\_

Number of Vending Machines: \_\_\_\_\_

Location of Vending Machines: \_\_\_\_\_

**OTHER REQUIREMENTS FOR COMPLETE APPLICATION:**

- Fictitious Name Information and/or Corporation Information.
- Health Department Permit and State of Florida Department of Business and Professional Regulation/Division of Hotels and Restaurants Permit if food of any nature is handled.
- Copy of your Florida State Business License or certificate including Department of Agriculture and Consumer Services.
- Copy of your "Receipts of License" from the State Department of Agriculture and Consumer Services (1-850-488-3022) or Department of Business & Professional Regulations (DPR) (1-850-487-9529), or [www.Myflorida.com](http://www.Myflorida.com).
- A copy of the lease, if applicable, must be provided with application.

**PLEASE SIGN AND DATE APPLICATION – unsigned, undated & incomplete applications will not be processed.**

I understand that the granting of the Business Tax Receipt implies only that the zoning of the location, as referenced on the Business Tax Receipt in which I intend to operate my business, is appropriate for that type of business. Additionally, I understand that granting of a Business Tax Receipt does not waive my responsibility to ensure compliance with all applicable requirements. Additionally, I agree to hold the Town harmless for any damages that may incur from my failure to meet all Town codes. I hereby swear and affirm that the information provided above is true and correct to the best of my knowledge.

Date of Application: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.  
He / She is personally known to me or has presented \_\_\_\_\_ as identification.

SEAL / STAMP

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

**FOR OFFICE USE ONLY:**

**Copy of Applicable State/County/Other Jurisdictional Licenses attached for this occupation:**

YES  NO  N/A

**List of Licenses attached:** \_\_\_\_\_

**Copy of Lease:**

YES  NO  N/A

**Letter From Owner:**

YES  NO  N/A

**Fees:** Application Processing Fee \$ 25.00  
Business Tax Receipt Fee \$ \_\_\_\_\_  
Other Fees (Type: \_\_\_\_\_) \$ \_\_\_\_\_  
Total Fees: \$ \_\_\_\_\_

Application Accepted by:

**DEPARTMENT APPROVALS**

**PLANNING & DEVELOPMENT DEPARTMENT  
BUILDING DIVISION:**

No  Yes

Date of Review: \_\_\_\_\_ Approved by: \_\_\_\_\_