

City of Altamonte Springs Business Tax Receipt Transfer Application

BTR Year: October 1 – September 30

Filing this business tax receipt (BTR) application does not allow the applicant to operate or engage in any type of business until the BTR has been transferred. Any person, firm or corporation engaging in any occupation, business or profession without a BTR shall be punished in accordance with the City code.

Transfer Information

Transfer Type (Check All That Apply):

- Commercial: Name Location Ownership
- Home: Name Location Ownership

Transferred From: _____

Transferred To: _____

Date the Transfer Occurred or Will Occur: _____

I acknowledge receipt of and acceptance of Home-Based Business Restrictions, which are available online at www.Altamonte.org/BTR. Initials: _____

Business Information

Name of Business: _____

Business Phone _____ Email Address _____

Name of Individual: _____

Name of Business Representative or Billing Contact: _____

Email for Business Representative or Billing Contact: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different From Physical): _____

City: _____ State: _____ Zip: _____

Describe in detail the operation of business/profession at this location:

Additional Requirements

Federal I.D. (FEIN) #: _____ (PER SECTION 205.0535(5) Florida Statutes)

Federal or State License #: _____ Expiration: _____ (Attach Copy)

Fictitious Name Registration #: _____ Expiration: _____ (Attach Copy)

Reason for Fictitious Name Exemption: Licensed Professional First & Last Name Used Incorporated
 Attorney

Transfer Application Ownership Information

Please complete the following:

Individual or Business Sole Owner

Owner Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Corporation/LLC/LP/P.A.

Corporate Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Partners/Co-Owners or Corporate Officers

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Transfer Application

Cosmetology or Massage Therapy Salons

Salon Name: _____

Salon Address: _____

City: _____ State: _____ Zip: _____

Retail Sales: Yes No

Please indicate the number of stations for each of the following:

Number of Hair Stations: _____

Number of Manicure Stations: _____

Number of Pedicure Stations: _____

Number of Massage Stations: _____

Number of Tanning Stations: _____

Number of Air Brush Tanning Stations: _____

Number of Waxing Stations: _____

Number of Other Stations: _____

Number of Independent Contractors (Each Must Apply): _____

Note: Microblading and/or Permanent Make-up require Tattoo Establishment and Tattoo Artist State Licenses.