



# Local Business Tax Receipt Administrative Review Form

Office Use Only LBTR#

REVISED 3/2020

Business Name Change (Check if Applies and Fill Out Information Below)

New Business Name

Old Business Name

FEIN or SSN

Business/Mailing Address Change (Check if Applies and Fill Out Information Below)

Old Address

City

State

Zip

New Address

City

State

Zip

Business Email

Bus Phone

Bus Fax

Type of Business

Check Here if Home Occupation

Check Here if Business Mailing Address is Same as Physical Business Address (If different fill out section below)

Mailing Address

City

State

Zip

Transfer of Ownership (Check if Applies and Fill Out Information Below)

Former Owner

FEIN or SSN

New Owner

FEIN or SSN

Signature of Owner/Manager/Operator \_\_\_\_\_

Date \_\_\_\_\_

## Home Occupation Zoning Certification

I certify that the information given above is true and correct to the best of my knowledge. I understand that payment of this tax does not indicate any land use, zoning, or development approval of any kind whether federal, state or local law, rule, regulation, code or ordinance. I acknowledge that if this business tax is for a home based business, I will comply with all restrictions to Home Occupations as stated in the City of Palm Coast Code, including but not limited to Section 4.12 Home Occupations.

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

### Community Development Approval

Zoning Approval \_\_\_\_\_ Date \_\_\_\_\_

Building Division Approval \_\_\_\_\_ Date \_\_\_\_\_