



**BUSINESS REGISTRATION  
CITY OF BELLEAIR BEACH  
444 CAUSEWAY BLVD.  
BELLEAIR BEACH, FL 33786**

**Phone: 727-595-4646 Fax: 727-593-1409  
EMAIL: permits@cityofbelleairbeach.com**

**Sec. 10-1 (c) Business Registration**

All builders and contractors or other persons required to be licensed by the county shall register with the city before commencing work and shall submit a copy of their county license and shall pay the Administrative filing fee of \$10.00

The following registration is hereby submitted:

**X Application is for registration of business located outside the City of Belleair Beach.**

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business, Profession or Occupation \_\_\_\_\_

Address of Business \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address if Different \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

FED ID # \_\_\_\_\_ or SOCIAL SECURITY \_\_\_\_\_

The City of Belleair Beach collects your Social Security Number for the following purposes: Identification and verification; credit worthiness; billing and payment; date collection, reconciliation, tracking benefit processing and tax reporting. Social Security Numbers are also used as a unique numeric identifier and may be used for such purposes. 10-31-18.

**CONTRACTOR AND SUBCONTRACTORS MUST PRESENT CURRENT PINELLAS COUNTY CONSTRUCTION LICENSING BOARD COMPETENCY CARD.**

Type of License: \_\_\_\_\_

County/City \_\_\_\_\_ License, Reg. or Cert. Number \_\_\_\_\_

**Affidavit:** I have read the foregoing and certify the information contained herein is correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

**Please provide the following:**

**\$10.00 Administrative Fee** \_\_\_\_\_

**County License** \_\_\_\_\_

**Occupational License** \_\_\_\_\_

**General Liability** \_\_\_\_\_

OFFICIAL USE	Initial	Date
RECEIVED BY		