Town of Hypoluxo
Home of the Barefoot Mailman
7580 South Federal Highway
Hypoluxo, FL 33462-6034
(561) 582-0155 Voice (561) 582-0703 Fax
E-mail: hypoluxo@hypoluxo.org

RESIDENTIAL RENTAL PROPERTY LOCAL BUSINESS TAX APPLICATION

Pursuant to Chapter 14 of the Town of Hypoluxo Code of Ordinances, a request is hereby made for a Local Business Tax Receipt to rent my residential property located within the Town of Hypoluxo.

PROPERTY OWNER NAME: _____

RENTAL PROPERTY ADDRESS: _____

NUMBER/TYPE OF UNITS: _____

HOME ADDRESS: _____

MAILING ADDRESS IF DIFFERENT: _____

HOME PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

FEDERAL ID #_____ (OR) SOCIAL SECURITY # _____

(*Section 205.0535(5), Florida Statutes requires that the Town obtain a federal employer identification number or social security number prior to issuing a business tax receipt.*)

IN SIGNING THIS FORM I STATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO ABIDE BY ALL ORDINANCES, RULES, LAWS, AND REGULATIONS APPLICABLE TO SUCH BUSINESS WITH THE STATE OF FLORIDA, THE COUNTY OF PALM BEACH, AND THE TOWN OF HYPOLUXO. I UNDERSTAND THAT NON-COMPLIANCE WITH THESE REGULATIONS CAN RESULT IN FINES OF UP TO $500.00 PER DAY, SUSPENSION, OR REVOCATION OF THIS LOCAL BUSINESS TAX RECEIPT.

_____	_____	_____
Owner / Agent Signature	Print Name	Date

LOCAL BUSINESS TAX RECEIPT#_____ CLASSIFICATION_____ RECEIPT #_____

FEE $_____ CHECK #_____ CASH_____ DATE PD_____ REC'D BY_____