STAN COLIE NICHOLS

SANTA ROSA COUNTY
TAX COLLECTOR

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W W W . S R C T C . C O M

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APPLICATION FOR SANTA ROSA COUNTY LOCAL BUSINESS TAX RECEIPT (F.S. 205)

Business Tax Receipts expire September 30 and shall be subject to a 10% delinquent penalty beginning October 1 plus 5% per month until 25%

CHECK ONE: ☐ New ☐ Transfer of Ownership ($5.00)

Social Sec. # _____ OR Federal Employer I.D # _____

Business Name: _____

Nature of Business: _____

Owner(s) Name: _____

Business Phone: _____ Owner Phone: _____

Owner (s) Mailing Address: _____ _____ _____ _____
P.O. Box or Street Address | City | State | Zip Code

Location of Business: _____ _____ _____ _____
(Must be Physical Location) Street Address | City | State | Zip Code

Total Number of units (e.g. employees, machines, seats etc.) _____

If transferring an existing business, you must provide a "Request for Change of Business Tax Receipt Document" with the seller's signature properly completed.

Disabled / Age 65 or older? You may be eligible for an exempt business tax receipt if you are the sole owner who is a permanent resident of Santa Rosa County with no more than one employee, and no more than $1,000.00 invested in the business. Inquire to see if you qualify.

Authorized Signature: _____

COMPLIANCE AFFIDAVIT

I hereby attest that I have applied for a fictitious name with the Florida Department of State and have complied with all advertising requirements as stated by F.S. 865.09, or I am not required to register my business for one of the following reasons:

- ☐ Business is incorporated and registered with the Secretary of State.
- ☐ Business is a limited liability company and registered with the Secretary of State.
- ☐ Licensed by the Department of Business and Professional Regulation.
- ☐ Attorney.
- ☐ Business name is a registered trademark.
- ☐ Using legal name (first and last name) as part of the business name

I further attest that I have reviewed the list of business categories and have applied for the appropriate business tax receipt(s) for the business in which I am engaged. I have or will comply with any city, county, state, or federal requirements. If a prerequisite is required prior to this business tax receipt being issued, I attest that I currently hold the proper certifications, licenses and/or inspections as mandated.

_____ _____
Signature (Note: all owners listed must sign application) Date

Office Use Only	Date Issued: _____ Business Tax Receipt # _____ Fee_____

The Social Security Number of the applicant has been collected for the purpose of issuing a Local Business Tax Receipt to comply with Florida Statute 205.0533 (5).

All information except FEI or SSN becomes public record

Last Revision 10/12/2009
B.Hathaway