

**APPLICATION FOR LOCAL BUSINESS TAX RECEIPT
MARK WIGGINS, TAX COLLECTOR-P.O. BOX 30-PERRY, FLORIDA 32348**

Please Print or Type

Check One: () Original Application () Transfer/Correction of Existing License
Existing Account # _____

1) _____
TRADE NAME OR INDIVIDUAL PROFESSIONAL-INDIVIDUAL CONTRACTOR

2) _____
**OWNERS OR FIRM NAME IF INDIVIDUAL PROFESSIONAL-COMPANY NAME OF INDIVIDUAL CONTRACTOR
(Registered or Certified)**

3)MAILING ADDRESS: _____
(STREET OR P.O. BOX) SUITE, APT.# CITY STATE ZIP

4)TELEPHONE: Business: () _____ Home: () _____

5)LOCATION: _____
(Physical Street Address-NOT P.O. BOX OR OUT OF TAYLOR COUNTY ADDRESS)

6. _____
OPENING OR ASSUMED DATE OF BUSINESS NATURE OF BUSINESS

(PLEASE CHECK ONE BELOW)

SERVICE () RENTAL () LEASE () VENDING MACHINES() # _____
MERCHANT WHOLESALE () RETAIL () BOTH ()
MANUFACTURING/PRODUCTION/FABRICATING/LOGGING () # EMPLOYEES _____
MOTEL OR APT'S () #ROOMS _____ CONTRACTOR () _____
TYPE

7) CERTIFICATION OR STATE BOARD # _____
ATTACH PROOF (Contractors, Professionals, etc.)

9) Federal I.D. # _____ or Social Security # _____

10) FLORIDA SALES TAX REGISTRATION # _____ (IF APPLICABLE)

11)FICTITIOUS NAME AFFIDAVIT: I HEREBY ATTEST THAT I AM NOT REQUIRED TO REGISTER MY BUSINESS WITH THE SECRETARY OF STATE OF FLORIDA UNDER THE FICTITIOUS NAME ACT FOR ONE OF THE FOLLOWING:

- () Business is incorporated and registered with the Secretary of State.
- () Exempt due to being licensed by the Department of Business & Professional Regulation
- () Attorney licensed to practice law in Florida
- () Business name is a registered trademark
- () Single owner doing business under my legal name (FIRST AND LAST NAME)

12) APPLICANT' SIGNATURE _____ DATE _____

PLEASE ATTACH A COPY OF YOUR DRIVER LICENSE

_____ PLEASE PRINT NAME

DO NOT WRITE IN THIS BLOCK. TAX COLLECTOR'S USE ONLY

Account #:	Code Classification	Amount	License Amt.:
Exempt Code:			Prior Year License:
By: _____ (Initials)			Penalty/Transfer:
_____ (Date)			Total Collected:
Sub-Totals:			