

**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 Only)

Federal ID. # _____ or Social Security # _____

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

10) 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)

11) APPLICANT SIGNATURE _____ DATE _____

EMAIL ADDRESS 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:			

PLEASE ATTACH A COPY OF YOUR DRIVER LICENSE