

**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) \_\_\_\_\_  
BUSINESS NAME

2) \_\_\_\_\_  
OWNERS NAME

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 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 I.D. # \_\_\_\_\_ 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	
Exempt Code:			
By: _____ (Initials)			Total Collected:
_____ (Date)			

**PLEASE ATTACH A COPY OF YOUR DRIVER LICENSE**