

APPLICATION FOR BUSINESS TAX RECEIPT • PASCO COUNTY FL
 Return this form intact with copies of any required documents. Business Tax Receipts expire September 30th.

SIC Code: _____

■ Date Business Opened In Pasco County: _____ Business Phone: _____

■ Business Name or Fictitious Name: _____

If Fictitious Name, Registration Number: _____ Expires: _____
 F.S. 205.023 REQUIRES STATUS OF FICTITIOUS NAMES REGISTRATION

■ Corporate Name (If different from above): _____

■ Owner/Manager's Name: _____ Home Phone: _____

■ Physical Location of Business: _____
 UNABLE TO ACCEPT A COMMERCIAL MAIL RECEIVING AGENCY ADDRESS.

■ Mailing Address: _____

■ Federal Employer ID or Social Security Number: _____
 F.S. 205.0535(6) REQUIRES FED ID# or SOCIAL SECURITY NUMBER BEFORE ISSUING RECEIPT

■ Sales Tax Registration Number: _____

■ State or County Regulatory License Number: _____ Expires: _____

■ Number of: _____ (employees, seats, machines, etc.)

■ Description of Type of Business (multiple services may require additional Business Tax Receipts):

AFFIDAVIT REGARDING BUSINESS TAX RECEIPT

Business Name _____ Account Number _____ Year _____

The undersigned hereby certifies the following fact(s) regarding the Business Tax Receipt described:

- The original Business Tax Receipt was lost or destroyed.
- The business has not been in operation from _____ to _____.
- Business exempt from compliance with the Fictitious Name Act for the following reason:
 - My business name is my legal personal name rather than a fictitious name. *(Example: John Doe Co.; John Doe, Owner.)*
 - I am exempt under Chapter 865.09(7), F.S. *(Example: A business formed by an attorney licensed to practice law in Florida, or a person licensed by the Department of Professional Regulation, for the purpose of practicing his licensed profession, notwithstanding that it transacts business ancillary to the practice of such profession.)*
 - Corporation or other legal entity registered with the Division of Corporations.
- Request physical location of business be restricted from public view. *(Must meet requirements per F.S. 119)*
- Business Closed _____ Other _____

 Signature of Owner

 Date