



P.O. Box 9001
St. Augustine, Florida 32085
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For office use only: Class Code: _____ Account #: _____ Clerk's Initial: _____
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LOCAL BUSINESS TAX RECEIPT APPLICATION

Is this a: New Business Transfer Correction of License Mailed in Application
Check Business Type: Professional Retail/Wholesale Service Contractor Other _____
Date Business actually began in St. Johns County: _____

BUSINESS NAME/DBA: _____

CORPORATION NAME(If different than Business name): _____

BUSINESS PHONE: _____ SALES TAX NUMBER: ____-____-____

FEDERAL I.D.: ____-____-____ (Or) SSN: _____ **(Must provide one per Fl Statutes)**

HAVE YOU COMPLIED WITH ZONING IN YOUR AREA? Yes No Out of Area

BUSINESS LOCATION: _____

MAILING (if different): _____

FIRST OWNER OF BUSINESS OR CORPORATION OFFICER:

Last name _____ First name _____ M. _____

Address _____

Driver license number _____ State _____ Home phone _____

Cell phone _____ E-Mail _____

SECOND OWNER OF BUSINESS OR CORPORATION OFFICER:

Last name _____ First name _____ M. _____

Address _____

Driver license number _____ State _____ Home phone _____

Cell phone _____ E-Mail _____

***A copy of your State License or County Contractors License must be provided in order to complete this application.**

- 1) Number of rental units (Motel/Hotel/Condo/Bed and Breakfast/Etc.) _____
- 2) Number of seats (Restaurants/Cafes/Etc.) _____
- 3) Number of coin operated machines (Vending, Amusement, Laundromats) please attach list of locations. _____

Fictitious name registration number (attach letter of registration) _____; **(Or)**

I certify that the above named business is exempt from registering for a Fictitious Name for the following reasons:

It is a Corporation, Limited Partnership or Limited Liability Co. registered with the Florida Secretary of State.

I am licensed by the Department of Business and Professional Regulation or the Department of Health.

It is operated under the legal name(s) of the owner(s).

I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH ZONING REGULATIONS AND ANY OTHER STATE, COUNTY, OR CITY REGULATIONS.

I understand if I sell or close my Business I will receive a tax bill in November of that taxable year, for which bill I will be responsible. I will immediately notify the Tax Collector (904-209-2250) and Property Appraiser (904-827-5500) with the date I closed my business.

I SWEAR AND AFFIRM THAT THIS APPLICATION IS MADE FOR THE PROFESSION OR BUSINESS INDICATED HEREON AND THE INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT.

Signature: _____ Date: _____