



Vickie Potts – Charlotte County Tax Collector

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APPLICATION FOR CHARLOTTE COUNTY BUSINESS TAX RECEIPT

BUSINESS INFORMATION

New Transfer Date: _____ (office use) BT Account#: _____

Business Name: _____ **Type of Business:** _____

Corporation Name: _____ Federal ID #: _____

Location Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone #: _____ Email Address: _____

(Attach Copy) County Comp Card # _____ **(Attach Copy)** State License # _____

(Attach Copy) Department of Revenue Sales Tax Certificate #: _____

Do you have vending, amusement or laundry machines? Yes No If yes, How Many? _____

Fictitious Name Registration # _____ Number of employees: _____

This certifies that the above business is exempt from registering for a Fictitious Name (check box)

It is a corporation registered with the Florida Secretary of State. Document # _____

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).

EXEMPTIONS PER FLORIDA STATUTE 205

Check only one (attach a copy of proof of exemption) **Must be a Charlotte County resident to qualify and you can have no more than one employee.**

I am sixty-five (65) years old Veteran Charitable Organization (501c) attach copy

OWNER INFORMATION

Owner Name: _____

Owner Address (No PO Box): _____

Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Owner Telephone: _____ Email Address: _____

(Attach Copy) Driver's License #: _____ **(Required)** Social Security # _____

PAYMENT IN THE AMOUNT OF \$35.00 MUST BE INCLUDED WITH YOUR APPLICATION

I UNDERSTAND THAT PER COUNTY ORDINANCE 2008-037, SECTION 1-10-24 THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH ZONING REGULATIONS, THE CHARLOTTE COUNTY MANDATORY RECYCLING ORDINANCE, AND ANY OTHER STATE, COUNTY OR CITY REGULATIONS.

I SWEAR THIS APPLICATION FOR BUSINESS TAX IS MADE FOR THE PROFESSION OR BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.

Signature: _____

Date: _____