

APPLICATION FOR CHARLOTTE COUNTY BUSINESS TAX RECEIPT

Charlotte County Tax Collector 18500 Murdock Circle, Port Charlotte, Florida 33948

Website: <https://taxcollector.charlottecountyfl.gov>

Phone: (941) 743-1350

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: _____