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APPLICATION FOR SANTA ROSA COUNTY LOCAL BUSINESS TAX RECEIPT (F.S. 205)

Business Tax Receipts expire September 30 and shall be subject to a 10% delinquent penalty beginning October 1 plus 5% per month until 25%

CHECK ONE: New Transfer of Ownership (\$5.00)

Social Sec. # OR Federal Employer I.D #

Business Name:

Nature of Business:

Owner(s) Name:

Business Phone: Owner Phone:

Owner (s) Mailing Address:

P.O. Box or Street Address	City	State	Zip Code
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Location of Business:

(Must be Physical Location)	Street Address	City	State	Zip Code
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Total Number of units (e.g. employees, machines, seats etc.)

If transferring an existing business, you must provide a "Request for Change of Business Tax Receipt Document" with the seller's signature properly completed.

Disabled / Age 65 or older/Veteran/Widow/ or low income?

You may be eligible for an exempt business tax receipt if you meet certain qualifications. Inquire to see if you qualify.

Authorized Signature: _____

COMPLIANCE AFFIDAVIT

I hereby attest that I have applied for a fictitious name with the Florida Department of State and have complied with all advertising requirements as stated by F.S. 865.09, or I am not required to register my business for one of the following reasons:

- Business is incorporated and registered with the Secretary of State.
- Business is a limited liability company and registered with the Secretary of State.
- Licensed by the Department of Business and Professional Regulation.
- Attorney.
- Business name is a registered trademark.
- Using legal name (first and last name) as part of the business name

I further attest that I have reviewed the list of business categories and have applied for the appropriate business tax receipt(s) for the business in which I am engaged. I have or will comply with any city, county, state, or federal requirements. If a prerequisite is required prior to this business tax receipt being issued, I attest that I currently hold the proper certifications, licenses and/or inspections as mandated.

 Signature (Note: all owners listed must sign application)

 Date

Office Use Only	Date Issued: Business Tax Acct # Fee
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The Social Security Number of the applicant has been collected for the purpose of issuing a Local Business Tax Receipt to comply with Florida Statute 205.0533 (5).

All information except FEI or SSN becomes public record