

**APPLICATION FOR PAYMENT OF LOCAL BUSINESS TAX
ORANGE COUNTY, FLORIDA**

Application is hereby made for the privilege of engaging in the business, profession, or occupation hereinafter described for the period designated.

Business Name (DBA) _____ LICENSE YEAR _____
Mailing Address _____
Business Location _____
Phone Number _____
Legal Description _____

(Continue on reverse if more space is required)

APPLICANT INFORMATION

Name _____ Phone Number _____ DOB _____
Address _____
(Street) (City) (State) (Zip Code)

FULL CORPORATION DATA IS MANDATORY

Full Corporate Name _____

NAME AND RESIDENCE ADDRESSES OF OFFICERS:

Name _____ Phone Number _____
Address _____
(Street) (City) (State) (Zip Code)
Name _____ Phone Number _____
Address _____
(Street) (City) (State) (Zip Code)
Name _____ Phone Number _____
Address _____
(Street) (City) (State) (Zip Code)

NATURE OF OCCUPATION, PROFESSION OR BUSINESS

(Continue on reverse if more space is required)

PROVIDE THE FOLLOWING INFORMATION WHEN APPLICABLE:

_____ Number of Employees _____ Number of vehicles _____ Seating Capacity _____
_____ Number of rooms _____ Number of Amusement/Vending Machines _____

CERTIFICATION/LICENSE INFORMATION

State Certificate Number _____ Expiration ___/___/___ Competency Card Number _____ Expiration ___/___/___
State Restaurant Number _____ Florida Bar Card Number _____
Department of Finance Number _____ City and License Number _____
Federal Id Number _____ Social Security Number _____

CERTIFICATION

I certify that the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any business tax receipt issued to me. It is further understood that this business tax receipt is for the privilege of engaging in the business, profession or occupation shown and only at the location shown hereon. I further understand that I have no right to occupy any buildings at the location shown hereon unless I obtain a certificate of occupancy from the Building Department and such building and the surrounding property is in compliance with all applicable local, state and federal regulations. Further, I recognize that issuance of this business tax receipt is in no way a waiver of any applicable local, state or federal regulations. Failure to correct conditions on the premises that are in violation of the county code or to notify the Business Tax Department of any change will result in revocation of said business tax receipt.

Owner Signature _____ by _____
Sworn to and subscribed before me this _____ day of _____, 20_____
Notary Public _____ My commission expires _____, 20_____