



ORANGE COUNTY TAX COLLECTOR SCOTT RANDOLPH • octaxcol.com

**Tax Department**  
Orange County Tax Collector  
200 South Orange Avenue, Suite 1600  
Orlando, Florida 32801  
(407) 434-0312 Option 2  
octaxcol.com

**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 \_\_\_\_\_

Business Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

DOB (MM/DD/YYYY) \_\_\_\_\_

Address \_\_\_\_\_

Does the applicant qualify for confidential status?  Yes  No

**FULL CORPORATION DATA IS MANDATORY**

Full Corporate Name \_\_\_\_\_

**NAME AND RESIDENCE ADDRESSES OF OFFICERS**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**NATURE OF OCCUPATION, PROFESSION OR BUSINESS**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**PROVIDE THE FOLLOWING INFORMATION (IF APPLICABLE)**

Number of Employees \_\_\_\_\_

Number of Vehicles \_\_\_\_\_

Seating Capacity \_\_\_\_\_

Number of Rooms \_\_\_\_\_

Number of Amusement/ Vending Machines \_\_\_\_\_

**BUSINESS TAX RECEIPT DECLARATION**

Completed Business Tax Receipt Application (circle one)      Yes    /    No

Copies of the following documents must be provided:

- 1. Florida Driver License;
- 2. City Business Tax Receipt, if applicable / Approval Letter;
- 3. Sunbiz Registration;
- 4. State License(s), if applicable (i.e., Dept. of Business and Professional Regulation, Dept. of Agriculture, Health Dept., etc.; and
- 5. Employer Identification Number (EIN) or Social Security Number (SSN).

**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.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_