



**\* UPDATE \***

## BUSINESS TAX RECEIPT APPLICATION

City of DeBary

16 Colomba Rd. DeBary, FL 32713 – 3264

(386) 601 - 0238

FILING THIS APPLICATION FOR LOCAL BUSINESS TAXES DOES NOT ALLOW APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS UNTIL A LOCAL BUSINESS TAX RECEIPT IS ISSUED TO THE APPLICANT. ANY PERSON, FIRM OR CORPORATION WHO SHALL ENGAGE IN ANY BUSINESS, PROFESSION OR OCCUPATION WITHOUT A LOCAL BUSINESS TAX RECEIPT SHALL BE PUNISHED IN ACCORDANCE WITH THE CITY CODE.

**PLEASE COMPLETE THE FRONT & BACK OF EACH PAGE AS APPLICABLE**

**Updating:**

- ☐ Business Name  
☐ Location

- ☐ Ownership  
☐ Other: \_\_\_\_\_

1. **Old** Business Name:

2. **Old** Business Address:

3. Owner Name:

Phone:

4. Email Address:

5. **New** Business Name:

6. **New** Business Address:

City:

State:

Zip Code:

7. Mailing Address:

City:

State:

Zip Code:

8. Business / Profession Description:

9. Square Footage of Building/Tenant Space:

10. Number of Employees:

**CERTIFICATION:** I CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT A LOCAL BUSINESS TAX RECEIPT ISSUED PURSUANT TO THIS APPLICATION DOES NOT WAIVE REQUIREMENTS OF ANY CITY, COUNTY, STATE OR FEDERAL ORDINANCES, STATUTE OR REGULATION THAT I MUST MEET PRIOR TO ENTERING INTO THE BUSINESS, PROFESSION OR OCCUPATION FOR WHICH THE LOCAL BUSINESS TAX RECEIPT IS SOUGHT. I WILL COMPLY WITH ALL SUCH REQUIREMENTS, AND UNDERSTAND THAT FAILURE TO DO SO IS PUNISHABLE IN ACCORDANCE WITH CITY CODE. UNDER PENALTIES OF PERJURY, I DECLARE I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Name

Signature

Date

### FOR OFFICE USE ONLY

Parcel #:

- - -

Property Owner:

Zoning Classification:

Service ID:

Planning Dept:

Date:

Fire Marshall:

Date:

☐ Half Year Fee (Applying between April 1 & June 30)

☐ Full Year Fee (Applying between July 1 & March 31)

\$\_\_\_\_\_ Business Tax Fee

\$\_\_\_\_\_ Fire Inspection Fee

Valid Through: **SEPTEMBER 30, 20**\_\_\_\_\_

Total Fee:

## **BUSINESS TAX RECEIPT EXEMPTIONS**

**ONLY SIGN BELOW IF APPLICABLE ALONG WITH ALL NECESSARY DOCUMENTS**

### **Fictitious Name Exemption**

**~PLEASE PROVIDE A COPY OF YOUR SUNBIZ REGISTRATION~**

By affixing my name and signature below, I understand that I am affirming that my business or profession is exempt from the fictitious name registration as defined in Florida Statutes Section 205.023.

**FOR THE REASON INDICATED:**

- ☐ Name(s) (First & Last) of the owner(s) is/are the business name.
- ☐ Licensed Attorney forming a business for the practice of law in the State of Florida
- ☐ Registered with The Department of Business and Professional Regulation (DBPR) or The Department of Health and their licensing board have not imposed requirements for the registration as a fictitious name.
- ☐ Corporation, Partnership or other legal entity filed or registered and in good standing with the division of corporations and is not transacting business under any other name.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### **Business Tax Receipt Exemption**

**~PLEASE PROVIDE APPROPRIATE DOCUMENTATION~**

**If applicable, please check the appropriate exemption box below:**

- ☐ F.S. 205.162: Exemption for certain disabled persons, the aged, and widows with minor dependents
- ☐ F.S. 205.192: Charitable, etc., organizations; occasional sales, fundraising; exemption
- ☐ F.S. 205.171: Exemptions allowed disabled veterans or their un-remarried spouses
- ☐ F.S. 205.055: Taxes and Fees for Veterans and Low Income Persons
- ☐ H.B. 7087: Taxation

**NOTE: In no event, under this or any other law, shall any person, veteran or otherwise, be allowed any exemption whatsoever from the payment of any amount required by law for the issuance of a Business Tax Receipt to sell intoxicating liquors or malt and vinous beverages.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**