



*** 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:		
<input type="checkbox"/> Business Name	<input type="checkbox"/> Ownership	
<input type="checkbox"/> Location	<input type="checkbox"/> 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:		
<p>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 PURJURY, I DECLARE I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.</p>		
Name	Signature	Date
FOR OFFICE USE ONLY		
Parcel #: - - -		Property Owner:
Zoning Classification:		Service ID:
Planning Dept:	Date:	Fire Marshall: Date:
<input type="checkbox"/> Half Year Fee (Applying between April 1 & June 30) <input type="checkbox"/> 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