



BUSINESS TAX RECEIPT REGISTRATION FORM

Please complete the following variable information that is applicable to your business.

BUSINESS NAME: _____

BUSINESS OWNER: _____

BUSINESS TYPE: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ **ALT PHONE** _____

EMAIL: _____

New License ☐ Business Name Change/Address Change ☐
Renewal ☐ Transfer ☐

Exempt ☐ (See Florida Statutes 205.06)

Federal Employer ID #(FEIN) or Individual Tax ID #(ITIN) _____

DRIVERS LICENSE NUMBER: _____

LAKE COUNTY LICENSE NUMBER: (Provide a Copy) _____

STATE LICENSE NUMBER: (If Applicable) _____

OATH

I have reviewed the information provided above, and under penalty of perjury, I declare that the information is true and accurate.

I acknowledge that a Business Tax Receipt issued pursuant to this registration does not waive my responsibility to adhere to any town ordinance, zoning, and/or regulation; any state statute and/or state regulation; or, any federal regulation applicable to my business. I swear or affirm that the business activities for which this receipt is issued are not prohibited by any town, county, state, or federal ordinance, resolution, regulation, code or law in the Town of Astatula.

I acknowledge that prior to conducting any business, it would be in my best interest to verify with the town zoning department that the real estate parcel upon which my business is located is properly zoned for my intended business activity, and failure to do so could, at some point, result in fines, penalties, etc.

I have read or received the Town of Astatula Business Tax Receipt Information Guide.

Printed Name

APPLICANT'S SIGNATURE

DATE

State of Florida

County of Lake

This instrument was acknowledged before me this _____ day of _____,

_____, by _____.

_____ Personally Known

_____ Produced Identification_____

(Signature of Notary)

**TOWN OF ASTATULA – Town Hall
25009 CR 561 - P O BOX 609 - ASTATULA, FL 34705
PHONE 352-742-1100 ext. 1 FAX 352-742-1970 jwhaley@astatula.org**