



GROWTH MANAGEMENT DEPARTMENT  
201 SE 3<sup>rd</sup> Street, (Second Floor), OCALA, FL 34471  
(352) 629-8421 ~ Email: Building@ocalafl.org

## **BUSINESS TAX RECEIPT UPDATE FORM**

Business License Number \_\_\_\_\_

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

Name of Business (DBA) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
(To receive renewal notice)

E-Mail Address \_\_\_\_\_

Quantity and Type of Professional (Per 62-81 Ocala City Ordinance) \_\_\_\_\_  
(Quantity / Type )

Quantity and Type of Personal Services (Per 62-81 Ocala City Ordinance) \_\_\_\_\_  
(Quantity / Type )

Eligible for exemption? (Per Florida Statue 205) No \_\_\_\_\_ Yes \_\_\_\_\_ Exemption (FS#) \_\_\_\_\_  
(Additional info may be required )

Number of Apartments / Rooms / Mobile Homes / Rental Units/ Warehouse Units \_\_\_\_\_

Number of Vehicles / Trailers / Vending Machines / Nozzles \_\_\_\_\_  
(Provide a list of Vending Machine(s) located in the city limits)

\*Vending Machine companies must provide a list of machine locations and # of machines at this location\*

\*\*Mobile Vendors and Taxi Franchises will require additional information prior to renewal issuance.\*\*

### **Required Signature and Affirmation**

All information supplied shall become public record.

I swear or affirm that the above information is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_