



APPLICATION FOR BUSINESS TAX RECEIPT

Chapter 205 Florida Statutes and Citrus County Ordinance 2006-A24

New Business: Acct#: _____ Update Existing: Acct#: _____ Ownership Change: Acct#: _____

Business Information

Name of Business: _____
 Is this a registered name with the State of Florida Division of Corporations? Yes No

Physical Location: _____
 Street Address _____
 City (If Inverness or Crystal River verify address is not within the City limits) _____ State _____ ZIP Code _____

Email: _____ **Business Phone:** _____

FEIN: _____ **Description of Business:** _____

Owner Information

Owner Name: _____

Owner Email: _____ **Owner Phone:** _____

Owner SSN: _____
 If applicable

Mailing Information

Mailing Address: _____
 Same as Above: _____
 City _____ State _____ ZIP Code _____

REQUIRED License Information (If Applicable)

PLEASE ATTACH A COPY OF CERTIFICATION OR REGISTRATION (if applicable)

I am EXEMPT from filing a Fictitious Name because: Legal Name DBPR LLC/Corporation Other _____

Fictitious Name: _____
 Name/Document number _____ Expiration date _____

County Comp Card Number: _____
 Expiration date _____

State License/Registration Number: _____
 (i.e. DBPR, DOH, DOA) Registration number _____ Licensing Agency _____ Expiration date _____

Other License/Registration Number: _____
 Registration number _____ Licensing Agency _____ Expiration date _____

Additional Information: _____

Vending Machines: Yes No Type of Vending: Laundry # _____ Merchandise # _____ Service/Amusement # _____

Disclaimer and Signature - I certify that my answers are true and correct to the best of my knowledge.

Signature (Owner/Authorized Person): _____ Date: _____

Print Name & Title _____

Signature (Owner/Authorized Person): _____ Date: _____

Print Name & Title _____



Integrity • Innovation

Janice A. Warren, C.F.C.

Citrus County Tax Collector

REQUEST FOR FEE EXEMPTION

New Business: Acct# _____

Update Existing: Acct # _____

Ownership Change: Acct# _____

COMPLETE THIS FORM ONLY IF APPLICABLE

I, _____, hereby certify that I am exempt from payment of a County Business Tax based on the following:

Make a selection below:

- Per Florida Statute §205.055 I own a majority interest in a business with fewer than 100 employees. The business or occupation for which I desire a Business Tax Receipt is fully described on the attached application form and that such business or occupation is carried on mainly through my personal efforts as a means of livelihood. I am:
 - A veteran of the United States Armed Forces who was honorably discharged upon separation from service, or the spouse or un-remarried surviving spouse of such a veteran, as verified by providing one of the following:
 - DD Form 214, Certificate of Release or Discharge from Active Duty, issued by the United States Department of Defense **or**
 - Veteran Identification Card, issued by the United State Department of Veterans Affairs pursuant to the Veterans Identification Card Act of 2015, Pub. L 114-31 **or**
 - Valid Florida Driver License or Florida Identification Card with the “Veteran” designation
 - The spouse of an active duty military service member who has relocated to the county or municipality pursuant to a permanent change of station order, as verified by providing:
 - Military Permanent Change of Station (PCS) orders
 - A person who is receiving public assistance as defined in Florida Statute §409.2554, as verified by providing:
 - Proof of enrollment in the Department of Children and Families’ Access Florida Benefits Program. (Access cards must have valid dates shown)
 - A person whose household income is below 130% of the federal poverty level based on the current year’s federal poverty guidelines, as verified by providing:
 - Tax return from last tax year
- Per Florida Statute §205.065 I am:
 - Regulated by the state department of business and professional regulation and have **paid** a business tax for the current year to the county or municipality in the state where my permanent business location or branch office is maintained, as verified by providing:
 - Copy of BTR from county or municipality of permanent business location **and**
 - Copy of license / registration from DBPR
- Per Florida Statute §205.162 I have no more than one employee or helper and use my own capital, not in excess of \$1,000. I am:
 - A disabled person physically incapable of manual labor, as verified by providing:
 - A certificate from a reputable physician indicating that the applicant is disabled, including the nature and extent of the disability.
 - A widow(er) with minor dependents, as verified by providing:
 - Proof of the right to the exemption
 - A person aged 65 years or older, as verified by providing:
 - Valid Florida Driver License or Florida Identification Card

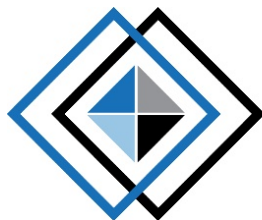
Prior to requesting a renewal of said Business Tax Receipt, I will notify the Tax Collector should I no longer qualify for the exemption.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS IN IT ARE TRUE AND CORRECT.

None of the above apply _____

Signature of Applicant

Date



Integrity • Innovation
Janice A. Warren, C.F.C.
Citrus County Tax Collector

CHECKLIST & IMPORTANT PHONE NUMBERS

New Business: Acct# _____

Update Existing: Acct # _____

Ownership Change: Acct# _____

CHECKLIST

(THE FOLLOWING ITEMS ARE REQUIRED TO OBTAIN A BUSINESS TAX RECEIPT)

- _____ Completed Application for Business Tax Receipt signed by the owner or authorized person
- _____ Request for Fee Exemption form (if applicable)
- _____ Proof of **current** name registration filed with the State of Florida, Division of Corporations
- _____ Current License/ Registration with _____
- _____ Citrus County Competency Card valid through 9/30/ _____
- _____ Current Business Tax Receipt signed & dated by previous owner/ Bill of Sale / Closing Papers
- _____
- _____
- _____ Amount Due: \$ _____ payable to Janice A. Warren, Tax Collector

Important Contact Information

AHCA-(Home Health, Caregivers, Nursing Homes, etc.)	https://ahca.myflorida.com/	888-419-3456
CC Building Dept-Comp Cards.....	https://www.citrusbocc.com	352-527-5310 opt 3
Citrus County - Dept of Ag - Plant Sales.....		352-560-6008
Citrus County – Dept of Health – Mobile Food Permit.....		352-513-6101
Citrus County- Dept of Growth Management- Code Compliance, Zoning.....		352-527-5327
Citrus County Property Appraiser - Tangible Tax.....	www.citruspa.org	352-341-6600
Citrus County Solid Waste Management- Questions on Hazmat.....		352-527-5576
City of Crystal River- Business Licensing.....		352-795-4216
City of Inverness- Contractor Registration.....		352-726-3401
Department of Children & Families.....	www.myflfamilies.com	352-330-2177
FL Department of Agriculture and Consumer Services.....	fdacs.gov	800-435-7352
FL Department of Business & Professional Regulations.....	www.myfloridalicense.com/dbpr/	850-487-1395
Florida Department of Health.....	www.floridahealth.gov	850-245-4444
Florida Department of Revenue -Collection of Sales Tax.....	www.floridarevenue.com	352-315-4470
Florida Division of Corporations--Fictitious Name Registration.....	www.sunbiz.org	850-245-6000
Florida Fish & Wildlife - Commercial Licenses.....	https://myfwc.com/license/commercial/	850-488-4676
Florida Worker’s Compensation Exemption Forms	www.myfloridacfo.com/division/wc/	800-413-1609
Internal Revenue Service.....to obtain an Employer ID Number (EIN)visit irs.gov	

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 Phone: 352-341-6500 option 3 | Fax: 352-341-6514
www.citrustc.us | BusinessTax@custc.us