

Suzanne Johnston

Flagler County Tax Collector

1769 East Moody Blvd., Bldg. #2

P.O. Box 846 - Bunnell, FL 32110 - Phone: 386-313-4160 - Fax: 386-313-4161

Palm Coast Branch Office: 7 Old Kings Road North, Old Kings Commons #12 (Near Staples)

FLAGLER COUNTY LOCAL BUSINESS TAX RECEIPT APPLICATION

Business Name: _____

Business Location: _____ Telephone: (____) _____
City: _____ State: _____ Zip: _____

Business Mailing Address: _____
City: _____ State: _____ Zip: _____

Type of Business – Describe in Detail: _____

Owner: _____

Owner Address: _____
City: _____ State: _____ Zip: _____

Date Business Will Begin: _____ Home Occupation? Yes [] No []

Federal ID # or SS #: _____ Florida Sales Tax #: _____

Number of Employees, Including Owner, Working in Flagler County: _____

Restaurants: Number of Seats: _____ Apartment/Hotel/Motel: Number of Rooms: _____

Beauty/Barber Shops: Number of Seats: _____ (Attach a copy of State Operator's License)

Vending Machines: Number of Coin Operated Machines: _____ (Attach a List of Machine Locations)

If Applicable, Attach Copy of Liquor License

ALL CONTRACTORS MUST ATTACH A COPY OF STATE CERTIFICATION

FICTITIOUS NAME: SUBMIT PROOF OF PUBLICATION OR CHECK ONE:

The above named business does not need to comply with the Fictitious Name Act for the following reason:

___ State Certified

___ Corporation or LLC

___ Owner's name included within name of business

___ Other: _____

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION MAY BE SUFFICIENT CAUSE TO HAVE THIS RECEIPT REVOKED.

SIGNATURE: _____ DATE: _____

ADMINISTRATIVE BUSINESS TAX REVIEW

Application is hereby made for (check one):

New License Renewal

Change of Business:

Name Change Ownership Change
 Location Change Mailing Address Change

NEW INFORMATION:

Business Name: _____

Business Location: _____

Mailing Address: _____

Phone Number: _____

Owner/Manager Signature

Printed Name

PREVIOUS INFORMATION (IN CASE OF CHANGE IN BUSINESS):

Business Location: _____

Mailing Address: _____

Phone Number: _____

Owner/Manager Signature

Printed Name

ZONING OFFICE USE ONLY

Zoning Classification _____

The attached application is hereby approved for issuance of a Flagler County Business Tax Receipt.

Comments:

Zoning Official: _____ Date: _____

Signature

FIRE INSPECTION USE ONLY

The attached application is hereby approved for issuance of a Flagler County Business Tax Receipt.

Fire Inspector: _____ Date: _____

Signature

HEALTH DEPARTMENT USE ONLY (IF APPLICABLE)

The attached application is hereby approved for issuance of a Flagler County Business Tax Receipt.

Date: _____

Signature – Environmental Health Director