

H E R N A N D O C O U N T Y

APPLICATION FOR LOCAL BUSINESS TAX ACCOUNT

JUANITA B. SIKES
HERNANDO COUNTY TAX COLLECTOR
20 NORTH MAIN STREET ROOM 112
BROOKSVILLE FL 34601-2892
PHONE (352) 754-4180

RECEIPT # _____
LICENSE # _____
TOTAL FEE _____

LICENSES EXPIRE SEPTEMBER 30. PENALTY FEES ADDED OCTOBER 1ST.

IF YOU ARE NO LONGER IN BUSINESS, YOU MUST CONTACT THE TAX COLLECTOR AND PROPERTY APPRAISER'S OFFICES IMMEDIATELY.

CATG: _____ SIC: _____ TYPE OF BUSINESS: _____

BUSINESS NAME: _____ BUSINESS PHONE: _____
() -

LOCATION ADDRESS: _____ BUSINESS FAX: _____
() -

DATE STARTED IN _____ COUNTY: _____ CITY LIMITS: _____
HERNANDO COUNTY:

EMPLOYEES: _____ INCLUDE OWNERS AND CORPORATE OFFICERS.

ACCOMODATIONS: _____ RESTAURANTS, HOTELS OR MOTELS.

UNITS: _____ VENDING OR OTHER COIN OPERATED MACHINES.
(PLEASE SEND A LIST OF MACHINES & LOCATIONS.)

ENTER COUNTY, STATE OR FEDERAL LICENSE NUMBER. _____

QUALIFIER NAME: _____

OWNER NAME: _____ SALES TAX #: _____

HOME PHONE: () - _____ FICT # _____

MAIL NAME: _____ SSN: _____

MAIL ADDR: _____ EIN: _____

_____ DL#: _____

SIGNATURE OF APPLICANT _____ DATE: _____

PRINT APPLICANT'S NAME & TITLE _____

ENGAGING IN SOME PROFESSIONS OR OCCUPATIONS WITHOUT ADDITIONAL REGISTRATIONS, CERTIFICATIONS OR APPROVALS, OR UPON PROPERTY NOT ZONED FOR SUCH, MAY VIOLATE FEDERAL OR STATE LAW OR LOCAL ORDINANCE AND RESULT IN COURT ACTION.

CITY ZONING APPROVAL _____ DATE: _____

**** PLEASE COMPLETE AND BRING OR MAIL THIS APPLICATION WITH FEE ****
**** (LICENSE WILL NOT BE ISSUED UNTIL APPLICATION IS COMPLETE) ****

PLEASE TURN OVER FOR ADDITIONAL IMPORTANT INFORMATION

A 10% PENALTY IS ADDED AS OF OCTOBER 1st FOR LATE RENEWALS.
PENALTIES ACCRUE AT A RATE OF 5% FOR EACH MONTH THEREAFTER NOT TO EXCEED 25%.

**A F F I D A V I T
PROOF OF FICTICIOUS NAME IS REQUIRED IF APPLICABLE.**

This is to certify that the following named business is exempt from registering a fictitious name for the following reason:

- ___ I am doing business under my incorporated name.
- ___ I am licensed by the Dept. of Business & Professional Regulation.
- ___ I/We are doing Business using My/Our Legal Name(s)
- ___ I am an attorney licensed to practice law in the State of Florida.

Name of Business: _____ Date: _____

Signature: _____ Title: _____

TRANSFERS OF OCCUPATIONAL LICENSES:

Location: Zoning approval is needed if located in the City of Brooksville.

Proof of Transfer of any applicable State or Federal License and/or Registrations
Current Occupational License and Transfers Fees.

Ownership: Document showing transfer of Ownership, such as Notorized Bill of Sale, Closing Agreement, Etc.

Proof of Transfer of any applicable State or Federal License and/or Registrations.
Current Occupational License and Transfer fees.

Proof of Payments of Outstanding Tangible Personal Property Tax.

Transfer Fees:

City of Brooksville - 10% of License Fee, not less than \$3 or more than \$25

If a business is located in the City of Brooksville, a Transfer Fee is applicable to each fee, not a combined total of the Licenses.

ADDITIONAL OWNERS NAME: SOCIAL SECURITY # DRIVER'S LICENSE #

F.S. 205.0535(5) A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed. *NOTE* This information is only used by other government agencies.