APPLICATION FOR CHARLOTTE COUNTY BUSINESS TAX RECEIPT

18500 MURDOCK CIR. PORT CHARLOTTE, FLORIDA 33948
Phone: (941) 743-1350

PLEASE PRINT

Primary Business Activity (Please be specific):

Date Business Opened in Charlotte County:
Month _____ Day _____ Year _____

Check Business Type:
☐ Retail ☐ Service ☐ Professional
☐ Mfg. ☐ Wholesale ☐ Contractor ☐ Other

Total Number of Employees at this location (including owners):

Business Name:

REQUIRED BY LAW (Provide One):
Federal ID Number:
☐☐–☐☐☐☐☐☐☐

Business DBA Name:

Last Four(4) of Social Security Number:
☐☐☐☐

Business Location (actual street address):

City:_____ State: ___ Zip: _____

Ownership Information:
1st Owner: _____
Home Address: _____
City: _____ State: ___ Zip: _____
Phone: (_____) _____

Mailing Address (if different):

City: _____ State: ___ Zip: _____

2nd Owner: _____
Home Address: _____
City: _____ State: ___ Zip: _____
Phone: (_____) _____

Business Telephone: _____
Cell Phone: _____
Business E-mail:_____

Acct. #

Receipt #

☐ **HANDYMAN BUSINESS TAX:** I am aware of the limitations on my work. I understand that I may not contract for, nor hold myself out as a contractor for any construction, repair, alteration, remodeling, addition or improvement on any building or structure.

State License/Certification/Registration # (attach copy):

Department of Revenue Sales Tax Number (if applicable):

Accommodations and Vending Information (if applicable):

Restaurants/Taverns/Bars, etc.: # of seats _____ Laundromats: # of coin machines: _____

Hotel/Motel/Bed & Breakfast/etc.: # of rooms _____ Number of vending machines: _____

FICTITIOUS NAME REGISTRATION NUMBER: _____EXPIRATION DATE_____

This certifies that the above named business is exempt from registering for a Fictitious Name for the following reason:

☐ It is a corporation registered with the Florida Secretary of State. Document #_____

☐ I am licensed by the Department of Business and Professional Regulation or the Department of Health.

☐ It is operated under the legal name(s) of the owner(s).

☐ Exemptions: Check only one
☐ I am sixty-five (65) years old ☐ Disabled Veterans ☐ Charitable Organization (501c) attach copy

I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH ZONING REGULATIONS, THE CHARLOTTE COUNTY MANDATORY RECYCLING ORDINANCE, AND ANY OTHER STATE, COUNTY OR CITY REGULATIONS.

I SWEAR THIS APPLICATION FOR BUSINESS TAX IS MADE FOR THE PROFESSION OR BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.

Signature: _____ Date: _____

PAYMENT OF $35.00 MUST BE INCLUDED WITH APPLICATION
941-743-1350 or visit www.cctaxcol.com.