

APPLICATION FOR CHARLOTTE COUNTY BUSINESS TAX RECEIPT

CHARLOTTE COUNTY TAX COLLECTOR VICKIE L. POTTS
 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 _____	Acct. # Receipt #
	Check Business Type: _____ Professional _____ Retail _____ Service _____ Contractor _____ Mfg. _____ Wholesale _____ Other	Total Number of Employees at this location (including owners):	
	Business Name:	REQUIRED BY LAW (Provide One): Federal ID Number: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Business DBA Name:	Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Business Location (actual street address): _____	Ownership Information: 1 st Owner: _____	
	City: _____ State: _____ Zip: _____	Home Address: _____	
	Mailing Address (if different): _____	City: _____ State: _____ Zip: _____	
	City: _____ State: _____ Zip: _____	Phone: (_____) _____	
Business Telephone: _____	2 nd Owner: _____		
Cell Phone: _____	Home Address: _____		
Business E-mail: _____	City: _____ State: _____ Zip: _____		
	Phone: (_____) _____		

_____ **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: _____ OR
 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.

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).

Reciprocal Agreement: A copy of the business tax receipt from another County.

Exempt: I am sixty-five (65) years of age or older; I am a resident of Charlotte County and I do not have more than one employee or helper.

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.