

CITY OF FRUITLAND PARK

506 West Berckman Street
Fruitland Park, FL 34731
352-360-6727

BUSINESS TAX RECEIPT APPLICATION

Fee: _____
Lic # _____

Rate Code: _____
Date: _____

READ CAREFULLY BEFORE SIGNING

Filing this application for a City Tax Receipt does not allow applicant to operate or engage in any type of business until the City issues a City Tax Receipt to the applicant. Any person, firm or corporation who shall engage in any occupation, business or profession without a Business Tax Receipt shall be punished in accordance with City Code.

Please print or type:

Name of Business (DBA): _____
Physical Address: _____
Mailing Address: _____
Name of Owner or Corp: _____
Business Phone: _____ Emergency Phone: _____
Applicant's Home Address: _____
Applicant's ID: _____ Social Security #: _____
State/County Lic. #: _____
State Sales Tax Number: _____

This is not required to obtain City Tax Receipt but is a State requirement.

Explain Business Operation: _____

If any of the following apply, please enter number in the column on the right:

	NUMBER
a. Hotel, Motel, Rooming House, enter room count	a. _____
b. Restaurant/Snack Bar - enter seating capacity	b. _____
c. Enter total number of video games, rides or service devices (coin operated machines)	c. _____
Give name and address of machine distributor below:	_____

CERTIFICATION: I certify that all the information contained herein is true and correct to the best of my knowledge. If any portion is found to be false, such fact may be just cause for immediate revocation of any license issued to me. It is further understood that I must comply with the codes of the City of Fruitland Park and failure to correct conditions which are in violation are punishable under the code or sufficient cause for revocation of my occupational license.

Signature of Applicant must be notarized unless signed in the presence of the City Clerk.

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____, who is personally known to me or who has produced _____ as identification.

Signature of Person Taking Acknowledgment _____

Name of Acknowledger Typed, Printed or Stamped _____

SEAL