



JOEL M. GREENBERG
 SEMINOLE COUNTY TAX COLLECTOR
 P.O. Box 630 | Sanford, FL 32772-0630 | 407-665-1000

WWW.SEMINOLECOUNTY.TAX

SEMINOLE COUNTY BUSINESS TAX RECEIPT APPLICATION

NOTICE: CONTACT THE SEMINOLE COUNTY PLANNING AND DEVELOPMENT DIVISION AT 407-665-7371 TO CHECK ZONING REQUIREMENTS FOR YOUR LOCATION. AFTER APPROVAL FROM THE SEMINOLE COUNTY PLANNING AND DEVELOPMENT, IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER TO RECEIVE APPROVAL FROM THE SEMINOLE COUNTY BUILDING DIVISION 407-665-7050 TO DETERMINE IF A PERMIT WILL BE REQUIRED FOR ANY MODIFICATIONS TO THE SPACE AND/OR CHANGE IN OCCUPANCY. A FIRE INSPECTION IS REQUIRED PRIOR TO COMMENCING BUSINESS. PLEASE CALL 407-665-7422 OR EMAIL SCFDINSPECTIONS@SEMINOLECOUNTYFL.GOV TO SCHEDULE AN INSPECTION.

CHECK THE FOLLOWING WHICH APPLIES:

NEW/Commercial Location NEW/Residential Location

TRANSFER – (Existing business in Seminole County).

Name * Location Ownership (Include Bill of Sale)

*Call 407-665-7636 first if transfer involves change in location.

Location Transferred from _____ Account# _____

Business Name / DBA: _____

Business Location: _____

(No P O Box or PMB Permitted) (Seminole County zoning rules require the business owner to reside at the location where a residential address is used. Proof of residency – Drivers license, Utility Bill, Lease agreement, etc is required).

Corporate Name (If Applicable): _____

Mailing Address (If different from physical): _____

Business Description (In Detail): _____

Date Business Opened at this Location: _____ Business Phone Number: _____

Contact Person: _____ Contact Phone Number: _____

Federal ID #: _____ or SS #: _____
 (Social Security # Not Required If Federal ID Provided. F. S. 205.0535-[6])

Corporate/Partnership Information (if applicable) (Registered on Sunbiz.org)

Corporate Document #: _____ (Attach Copy)

**** Certificate/License Information (if applicable)**

Regulatory License/Certification #: _____ (Attach Copy)

Department of Business and Professional Regulation, Department of Agriculture, State Certificate Number, Competency Card Number, State Restaurant Number, Florida Bar Card, etc.

Owner, Professional, or Officer of Corporation Information

Name of Individual: _____ Title: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

NOTE: I understand if I sell or close my Business I may receive a tangible personal property tax bill in November of that taxable year, for which I will be responsible. I will immediately notify the Tax Collector's office 407-665-7637 and Property Appraiser's office 407-665-7582 with the date I closed my business.

Fictitious Name

(Reference Florida Statute 865.09 "Fictitious Name" means any name under which a person transacts business in this state other than the person's legal name.)

Florida Statute 205.023 states as a prerequisite to receiving a local business tax receipt the applicant or new owner must present either: **(CHOOSE ONE)**

- (1) A copy of the applicant's or new owner's current fictitious name registration, issued by the Division of Corporations of the Department of State.

I am in compliance with Fictitious Name Registration:

Fictitious Name Registration Number: _____

(A current copy of the Fictitious Name Registration must be attached.)

OR

- (2) A written statement, signed by the applicant or new owner, which sets forth the reason that the applicant or new owner need not comply with the Fictitious Name Act.

I am exempt from Fictitious Name Registration for the following reason checked:

_____ I am using only my personal legal first and last name (i.e., John Doe).

_____ Licensed Attorney forming a business for the practice of law in the State of Florida.

_____ I'm a **person** actively licensed by the Department of Business and Professional Regulation or the Department of Health for the purpose of practicing his or her licensed profession.

_____ A corporation, partnership, or other commercial entity pursuant to this section, **unless** the name under which business is to be conducted differs from the name as **licensed** or **registered**.

For additional information concerning Fictitious Name Registration or exemptions contact the Division of Corporations of the Department of State **850-245-6059** www.sunbiz.org.

All information is subject to **public record** except for social security numbers.

Under penalty of perjury, I certify that the foregoing information is, to the best of my knowledge and belief, true and accurate. I acknowledge that a Business Tax Receipt issued pursuant to this application does not waive requirements of any city, county, state or federal ordinance, statute or regulation that I must meet prior to entering the business, profession or occupation for which the Business Tax Receipt is sought. I have or will comply with all such requirements.

I specifically acknowledge that a Business Tax Receipt issued pursuant to this application does not indicate that the parcel of land upon which I intend to operate is properly zoned for the activity I intend. It is **MY RESPONSIBILITY TO VERIFY COMPATIBLE ZONING WITH THE APPROPRIATE ZONING AUTHORITY PRIOR TO COMMENCING OPERATIONS.**

Similarly, I acknowledge that the SEMINOLE COUNTY TRAFFIC ORDINANCE PROHIBITS PARKING WITHIN THE RIGHT-OF-WAY of any road for the purpose of selling merchandise or services.

Date	Owner(s), Professional, or Officer Signature	Printed Name and Title
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Local Business Tax Fee:

Full Year Fee (If open date is between July 1 – March 31): Not Regulated \$25.00 Regulated ** \$45.00

Half Year Fee (If open date is between April 1 – June 30): Not Regulated \$12.50 Regulated** \$22.50

TRANSFER \$3.00 DUPLICATE \$3.00 UPGRADE \$20.00

(Not Regulated to Regulated)**Requires copy of Certificate/License

If business has already been operating without a current Business Tax Receipt, additional penalties may apply. Please call 407-665-7636.

MAKE CHECK PAYABLE "Joel M. Greenberg, Tax Collector"

Attn: Business Tax Dept.

PO Box 630

Sanford, FL 32772-0630