

Mail:3312 2nd Ave South, Esto, Florida 32425Phone:850-263-6521Fax:Email:estotownclerk@gmail.comWeb:

850-263-6577 EstoFlorida.com

Business Tax Receipt Application

The name Occupational License has been changed to Business Tax Receipt per Florida Statute 205.

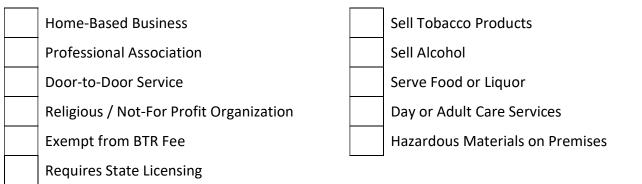
The information gathered by this application will be used to determine the issuance of your Business Tax Receipt. Please complete all the sections of this application. Failure to answer all sections in its entirety may result in the denial of your license.

Filling out this application for a Town of Esto Business Tax Receipt does not allow the applicant to operate or engage in any type of business until the Esto Town Clerk or other town official issues a Business Tax Receipt to the applicant.

Business Information

| Business Name | | DBA | | | |
|-------------------------|----------------------|----------------|---------------------|------------------------|------------|
| Physical Address | | | Mailing Address (If | different from busines | s address) |
| City | State | Zip | City | State | Zip |
| Business Email | | Business Phone | | | |
| What products will be s | old, or services rei | ndered. | | | |

Check all that apply for the business.





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Ownership Information

| Applicant Name | Relationship to Business | Social Security or FEIN # |
|----------------|--------------------------|---------------------------|
| | | |

The Town of Esto collects Social Security numbers for compliance purposes with Florida Statute 205.0535: "A (Local Business Tax) receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed."

| Applicant's Mailing Adress | | Applicant Phone | |
|----------------------------|-------|-----------------|-----------------|
| City | State | Zip | Applicant Email |

| License # |
|-----------|
| |
| |
| |
| |

| Form of Business | | | | |
|-------------------|-------------|-------------|----------------------------|---------|
| □ Sole Proprietor | Corporation | Partnership | □ Professional Association | □ Other |

Please provide information for any partners or corporate officers in the business.

| Name | Title | Phone |
|------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

I swear the information I provided in this application for business tax receipt is true and correct. I understand that this business tax receipt is in addition to and not in lieu of any other license required by law or municipal or county ordinance. I understand that I am responsible for ensuring that this business complies with zoning regulations and any other state, county or municipal regulations.

Signature



Business Tax Receipt Checklist

Incomplete applications may delay or deny the processing of your application.



This Business Tax Receipt Application completed in full.

Business Tax fee - Please make all checks payable to Town of Esto

Applicant's photo ID - Driver's license and notarized letter if sending authorized agent

State of Florida Business Registration Documents - Filed Articles of Incorporation, LLC registration, or Fictitious Name

Any County, State, or Federal permits or licenses required for the business

Lease Agreement – Lease should include signatures of the landlord and tenant. Home-Based Businesses must provide proof of residency or have property owner approval if the applicant is a tenant.

Commercial businesses must meet zoning, structural, electrical, plumbing, mechanical and fire codes. Any inspection certificates or permits should be attached to the application.

| | OFFICE USE | |
|---------------------------|-----------------|-------------------|
| Business Tax Receipt # | Tax Receipt Fee | Penalty |
| Date Application Received | Date Paid | Method of Payment |