

**DIXIE COUNTY, FLORIDA
BUSINESS TAX RECEIPT APPLICATION FORM**

Federal Identification Number _____

Corporate Document Number _____

State Certification Number _____

Fictitious Name Registration Number _____

County Competence Card Number _____

COPIES ATTACHED

Date _____

1. BUSINESS INFORMATION

a. Business Name _____

b. Business Address _____

c. Office _____ Store _____ Warehouse _____ Home/Apt _____

d. Mailing Address _____

e. Corporation / Owner's Name _____

f. Mailing Address _____

g. Phone () _____ () _____

2. NATURE OF BUSINESS

Applicant's Printed Name _____

Applicant's Title _____

Applicant's Signature _____

Applicant's Driver's License Number _____ State _____

FICTITIOUS NAME EXEMPTION INFORMATION

By affixing my name and signature below, I understand that I am affirming that my business or profession is EXEMPT from Fictitious Name Registration as defined in Florida Statutes Section 205.023 for the reason(s) indicated:

_____ Attorney

_____ Incorporated Business

_____ Licensed by the Department of Business and Professional Regulations

_____ I am currently using my first AND last name as part of the business name

Applicant's Printed Name _____

Applicant's Signature _____

ZONING REQUIREMENTS

I certify that the foregoing information is, to the best of my knowledge and belief, true and accurate. I acknowledge that a license issued pursuant to this application does not waive requirement 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 license is sought. I have or will comply with all such requirements.

I specifically acknowledge that a license 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.

Applicant's Printed Name _____

Applicant's Signature _____

MAKE CHECKS PAYABLE TO:

Dixie County Tax Collector
PO Drawer 5040
Cross City, FL 32628
Phone (352)498-1213
Fax (352)498-1259