

APPLICATION FOR COLUMBIA COUNTY BUSINESS TAX RECEIPT

KYLE KEEN TAX COLLECTOR, COLUMBIA COUNTY
 135 NE HERNANDO AVE SUITE 125 LAKE CITY, FLORIDA 32055
 Phone: (386) 758-1077

Primary Business Activity (Please be specific): _____	Check Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional	Date _____
	Ownership Information Primary Owner: _____ Home Address: _____ City: _____ State: ___ Zip: _____ Phone: _____	
Business Name: _____		Acct. # _____
Physical Business Location and Tax Parcel ID: _____		
City: _____ State: ___ Zip: _____		Clerk _____
Tax Parcel ID: _____	Federal ID Number: <i>If Applicable</i> <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"/>	
Mailing Address (if different): _____	Telephone: _____	
City: _____ State: ___ Zip: _____	E-mail: _____	

ATTACH CORPORATION DETAIL PAGE OR FICTITIOUS NAME DETAIL PAGE FROM THE FLORIDA SECRETARY OF STATE, DIVISION OF CORPORATIONS WEBSITE. This information is available for download at www.sunbiz.org

If the individual and/or business identified above is licensed through the Department of Business and Professional Regulation, the Health Department, or any State Agency, you must attach evidence of a duly issued state license to this application or it will not be considered.

BY SIGNING AND SUBMITTING THIS APPLICATION, YOU ATTEST AS FOLLOWS:

I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH ALL ZONING REGULATIONS AS WELL AS ANY OTHER STATE, COUNTY, OR CITY REGULATIONS WHICH APPLY TO MY BUSINESS.

I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR ISSUANCE OF A RECEIPT REFLECTING THAT I HAVE PAID A TAX FOR THE RIGHT TO DO BUSINESS IN COLUMBIA COUNTY, FLORIDA. I UNDERSTAND THAT THE RECEIPT I WILL RECEIVE ONLY REFLECTS MY PAYMENT OF THIS TAX AND DOES NOT EXEMPT ME OR THE BUSINESS SET FORTH ABOVE FROM ANY LICENSE OR PERMIT REQUIREMENTS THAT MAY BE PROVIDED BY LAW. I SHALL NOT OFFER ANY BUSINESS TAX RECEIPT ISSUED TO ME AS PROOF OF MY OR MY COMPANY'S COMPETENCY TO PERFORM ANY WORK NOR AS A SUBSTITUTE FOR A LICENSE TO PERFORM ANY WORK.

ALL INFORMATION PROVIDED ON THIS APPLICATION WILL BE FORWARDED TO THE COLUMBIA COUNTY PROPERTY APPRAISER'S OFFICE.

Signature: _____ Date: _____

CONTACT INFORMATION

COLUMBIA COUNTY BUILDING AND ZONING 386-758-1124

CITY OF LAKE CITY (If place of business is in City Limits will also need City Business Tax Receipt) 386-719-5746

Town of Ft. White (If place of business inside Town Limits will also need Ft. White Business Tax Receipt) 386-497-2321

Alcohol Beverage & Tobacco 850-488-8284

ATF Fire Arm Sales www.atf.gov/firearms

Columbia County Environmental Health 386-758-1057

Columbia County Extension office 386-752-5384

Dept. of Agriculture and Consumer Services 800-435-7352

Dept. of Agriculture and Consumer Services/FOOD SAFETY 850-245-5520
Food Safety Certification- Search online for an approved Food Safety Class

Dept. of Business and Professional Regulations 850-487-1395

Dept. of Children & Family Services www.dcf.state.fl.us/ 866-762-2237

Fictitious Name Registration or Division of Corporations / sunbiz.org (online filing) or 850-245-6058

FLORIDA DEPT. OF REVENUE (SALES TAX) 386-758-0420

Internal Revenue Service (Income Tax Information) 800-829-1040

Worker's Compensation Exemption – <https://myfloridacfo.com/Division/wc/> or 850-413-1609

If you have a Professional License issued by the State, Department of Health, or Department of Business or Professional Regulations you will need a license per location and per licensed professional.

Per Columbia County Ordinance all persons must file a Fictitious Name at www.sunbiz.org unless they have already formed a Corporation.