CITY OF MAITLAND FLORIDA

You can fill out this form on-line and print or print the form and fill out manually.

LOCAL BUSINESS TAX RECIEPT
TAXPAYER INFORMATION

(Please type or print clearly)

Business Name				Business Phone ( ) -
DBA				Fictitious Name Registration #
Street Address of Business	Suite #	City	State	Zip
Mailing Address (if different)	Suite #	City	State	Zip
Social Security Number or Federal I.D. Number				

FLORIDA STATUTES 205.0535(5) STATES, "A RECEIPT MAY NOT BE ISSUED UNLESS THE FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER IS OBTAINED FROM THE PERSON TO BE TAXED."

Describe operation of business/profession at this location:

Please complete all items that apply and indicate N/A where not applicable.

Number of Employees		**Total Square Footage**	
Number of Off-Street Parking Spaces		**Square Footage of Non-Storage Covered Area**	
Vehicles Used in Business & License Plate Numbers		**Seating Capacity If applicable**	

ALL RECEIPTS ARE VALID FOR A PERIOD OF ONE YEAR, BEGINNING OCTOBER 1ST, AND MUST BE RENEWED ANNUALLY. RECEIPT HOLDERS ARE RESPONSIBLE FOR NOTIFYING THE CITY OF THE RELOCATION OR DISCONTINUANCE OF A BUSINESS, OCCUPATION OR PROFESSION

CERTIFICATION: I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. IF ANY PORTION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR REVOCATION OF ANY RECEIPT ISSUED TO ME BY THE CITY OF MAITLAND.

_____ _____

Signature of Taxpayer ***Date***

_____ _____

Print Name ***Title***

FOR OFFICIAL USE ONLY:

Receipt Number		**APPROVALS:**	**INITIALS**	**DATE**
Date Application Received		***Zoning Administrator***		
Tax Fee	***$***	***Chief of Police***		
Processing Fee (Non-refundable)	***$***	Zoning ***(Residential Affidavit Y/N)***		
Transfer Fee	***$***	***Parcel ID #***		
Total Due	***$***			
Amount Paid	***$***			