



CITY OF **MAITLAND** FLORIDA

**LOCAL BUSINESS TAX RECEIPT TAXPAYER INFORMATION**

(Please type or print clearly)

New Application	<input type="checkbox"/>
Address Change	<input type="checkbox"/>
Name Change	<input type="checkbox"/>
Ownership Change	<input type="checkbox"/>

<b>Business Name</b>		<b>Business Phone #</b> ( )	
<b>DBA</b>		<b>Fictitious Name Registration #</b>	
<b>Street Address of Business</b>	<b>Suite #</b>	<b>City</b>	<b>State Zip</b>
<b>Mailing Address (if different from above)</b>		<b>Suite #</b>	<b>City State Zip</b>
<b>Social Security Number or Federal I.D. Number</b>		FLORIDA STATUTES 205.0535(6) 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."	
<b>Contact Name</b>	<b>Contact Phone #</b>	<b>Business State License #</b>	
<b>Describe operation of business/profession at this location:</b>			
<b>Property Management Company or Property Owner (provide proof of occupancy)</b>		<b>Phone #</b> ( )	
<b>Address</b>	<b>Suite #</b>	<b>City</b>	<b>State Zip</b>

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

<b>Number of Employees</b>		<b>Total Square Footage</b>	
<b>Number of Off-Street Parking Spaces</b>		<b>Square Footage of Non-Storage Covered Area</b>	
<b>Vehicles Used in Business &amp; License Plate Numbers</b>		<b>Seating Capacity If applicable</b>	

ALL RECEIPTS ARE VALID FOR A PERIOD OF ONE YEAR, BEGINNING OCTOBER 1<sup>ST</sup>, AND MUST BE RENEWED ANNUALLY. RECEIPT HOLDERS ARE RESPONSIBLE FOR NOTIFYING THE CITY OF THE RELOCATION OR DISCONTINUANCE OF A BUSINESS, OCCUPATION OR PROFESSION. BUSINESS MUST MEET ALL ZONING AND LICENSURE REQUIREMENTS FOR A BUSINESS TAX RECEIPT TO BE ISSUED.

**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 business owner*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

**FOR OFFICIAL USE ONLY:**

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