



**LOCAL BUSINESS TAX RECEIPT
PROFESSIONALS INFORMATION**
(PLEASE TYPE OR PRINT CLEARLY)

Business Name	Tax Receipt#	
Business Location	Suite#	Phone
City	State	Zip
Mailing Address (If different from business location)	Suite#	Phone
City	State	Zip

Every individual person within the business listed that holds a state license or certificate of any kind must be listed. Please make copies of this page if additional licenses are required. Every Professional must be associated with a valid Business Tax Receipt holder. YOU MUST PROVIDE A COPY OF YOUR STATE LICENSE OR CERTIFICATE. 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."

Printed Name	Social Security #	Drivers License
State License/Certificate #	Tax Amount	For City Use
Printed Name	Social Security #	Drivers License
State License/Certificate #	Tax Amount	For City Use
Printed Name	Social Security #	Drivers License
State License/Certificate #	Tax Amount	For City Use
Printed Name	Social Security #	Drivers License
State License/Certificate #	Tax Amount	For City Use
Printed Name	Social Security #	Drivers License
State License/Certificate #	Tax Amount	For City Use
Total Due:	Date Paid	Check #