



BUSINESS TAX RECEIPT REGISTRATION APPLICATION

Updated 06.2016

22 South Beach Street, Room 104

Ormond Beach, FL 32174

Phone: (386) 676-3233

Email: btonline@ormondbeach.org

Please attach a copy of your current local business tax receipt.

If you are a state or local licensed contractor, please attach a certificate of insurance, made out to the City.

Cost: \$25.00 - Can be paid with a credit card online, or by mailing in a check.

Business Name:

Business Street Address:

City: State: Zip:

Business Phone Number: Fax Number:

Business Federal Employee Identification Number:

**Valid FEIN number or social security number is required by F.S. 205.0535 (5)*

Is mailing address the same as the Business location? Yes No If no, please list mailing address below.

Mailing Address:

City: State: Zip:

Owner Name:

Owner Street Address:

City: State: Zip:

Owner Phone Number: Cell Number:

Owner Date of Birth: / / Contact Email:

Vendor stickers required: # Tree pruning stickers required:

Amusement stickers required: # Landscape/lawn care stickers required:

*Fully Describe and list any/all intended uses:

**Must be completely described for application to be processed.*

Acknowledgement for Out of City Business Registration

I acknowledge that the issuance of a business registration is contingent upon complying with the requirements of the City, and even though I possess a valid business tax receipt issued by Volusia County or another municipality, I shall not engage in any business without first registering my license with the City of Ormond Beach. I further understand that there is an annual fee of twenty-five dollars (\$25.00) for the registration.

Owner/Applicant Signature: _____ **Date:** _____

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CERTIFICATION

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any business tax receipt/registration issued to me. It is further understood that I must comply with the code of the City of Ormond Beach and failure to correct conditions which are in violation is punished under the code or sufficient cause for revocation of my business tax receipt/registration. I understand that if I engage in a business under a fictitious name, I must comply with the fictitious name statute.

Owner/Applicant Signature: _____ **Date:** _____

State of _____, County of _____

On this _____ day of _____, _____ before me personally appeared _____ to me known (), or has produced identification (), as the person who acknowledged the foregoing document.

Notary signature: _____ Notary Seal:

* * * * * **For Office Use Only** * * * * *

Date application received in office: ____/____/____

Applicant contacted?: Y N NA

All necessary documentation received? Y N

Items needed: _____

Approval notification made: ____/____/____

Paperwork scanned and saved: ____/____/____