

APPLICATION FOR COLUMBIA COUNTY BUSINESS TAX RECEIPT

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

Primary Business Activity (Please be specific): _____ Business Name: _____ Physical Business Location and Tax Parcel ID: _____ City: _____ State: ___ Zip: _____ Tax Parcel ID: _____ Mailing Address (if different): _____ City: _____ State: ___ Zip: _____ Business Telephone: _____ Business E-mail: _____ All applications have to be reviewed and approved by the Columbia County Zoning Department before our office will issue a Business Tax Receipt. <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved By: _____ Comments: _____	Check Business Type: _____ Professional _____ Retail _____ Service _____ Contractor _____ Mfg. _____ Wholesale _____ Other Ownership Information: Primary Owner: _____ Home Address: _____ City: _____ State: ___ Zip: _____ Phone: (_____) _____ Federal ID Number: <i>If Applicable</i> [][]-[][][][][][][][][] Business Tax Receipts have to be approved by the Columbia County Building Department before our office will issue a Business Tax Receipt. State License/Competency Card/Registration # (attach copy): _____ No License Required: _____ Approved By Building Dept: _____ Property Appraiser Notification Property Appraiser: _____	Date
		Acct. #
		Category
		Clerk

Those persons making the above Business Tax Receipt Application for business located inside the City Limits of Lake City or Fort White must be licensed by their respective City Governments before a Business Tax Receipt will be granted by the Tax Collector's Office. Please include your City's License #: _____

City of Lake City Approved Not Approved **Town of Fort White** Approved Not Approved

Reviewed by: _____ Reviewed by: _____

Accommodations and Vending Information (if applicable):

Restaurants/Taverns/Bars, etc.: # of seats _____ Laundromats: # of coin machines: _____
 Hotel/Motel/Bed & Breakfast/etc.: # of rooms _____ Number of vending machines: _____
 Number of Employees Including Owner: _____

ATTACH FICTITIOUS NAME REGISTRATION or this certifies that the above named business is exempt from registering for a Fictitious Name for the following reason:

- It is a corporation registered with the Florida Secretary of State.
- I am licensed by the Department of Business and Professional Regulation or the Department of Health.
- It is operated under the legal name of the owner(s).

I UNDERSTAND THAT I AM RESPONSIBLE FOR ENSURING THAT MY BUSINESS COMPLIES WITH ZONING REGULATIONS AND ANY OTHER STATE, COUNTY OR CITY REGULATIONS. I ALSO UNDERSTAND THAT THE INFORMATION PROVIDED ON THIS APPLICATION WILL BE FORWARDED TO THE COLUMBIA COUNTY PROPERTY APPRAISER'S OFFICE.

I AFFIRM THIS APPLICATION FOR BUSINESS TAX IS MADE FOR THE PROFESSION OR BUSINESS INDICATED HEREON AND IS TRUE AND CORRECT.

Signature: _____ Date: _____



Ronnie Brannon, CFC

Tax Collector, Columbia County
135 NE Hernando Ave., Suite 125
Lake City, FL. 32055-4006
(386) 758-1077

The following items are required to obtain and/or transfer a Columbia County Business Tax Receipt:

- _____ Complete the Business Tax Receipt Application enclosed.
- _____ * Attach Proof of Current Fictitious Name Registration filed with the State of Florida, Division of Corporations and proof of advertisement in local newspaper
- _____ * If your business is a registered Corporation or Registered LLC a copy must be attached.
(You may need this for workers compensation purposes.)
- _____ * Receipt for license from the Division of Hotels and Restaurants.
- _____ * Department of Agriculture inspection showing approval to open (For retail or wholesale food).
- _____ * Department of Agriculture license, which will be in effect during the period the license is issued for:
Motor Vehicle Repair, Auto Body Repair, Travel Agency, Seller of Travel, Pawn Shop, Pest Control, Dance Studio
- _____ Columbia County Competency Card or State Certification for Construction Industry, which will be in effect during the period for which the license is issued.
- _____ * State license from Dept. of Health for Medical occupations, including Nursing Homes and ACLF.
- _____ * State license from Dept. of Children & Family Services for Day Care Facilities.
- _____ * State license or inspection from Department of Environmental Health for Mobile Home Park, RV Park or Bar.
- _____ * Tattoo Parlor – Need a letter from a physician that will oversee sterilization procedures.
- _____ If your business is located within the City of Lake City or Town of Fort White, you must obtain the appropriate license and authorized signature on the attached application prior to issuance of County Business Tax Receipt.

** For location and/or ownership change, these licenses need to be applied for by the new owner(s) – or for location change only – the new location needs to be on these licenses.*

** Business name, owner and location must match the application for Columbia County Business Tax Receipt.*

Contact Information:

Building Department – Competency Cards-----	www.columbiacountyfla.com-----	1-386-758-1008
Department of Agriculture and Consumer Services----	www.800helpfla.com -----	1-800-435-7352
Department of Business and Professional Regulation-----	www.myflorida.com/dbpr -----	1-850-487-1395
Worker’s Compensation Exemption Forms-----	www.fldfs.com/wc-----	1-352-401-5350
Division of Corporations – Fictitious Name Registration----	www.sunbiz.org -----	1-850-245-6058
Division of Children & Family Services -----		1-352-330-2177
City of Lake City- Business Tax Receipt-----	www.ci.lake-city.fl.us -----	1-386-719-5744
Town of Fort White-----	www.townoffortwhitefl.com -----	1-386-497-2321
Florida Department of Revenue.....	sales tax info -----	1-386-758-0420
Environmental Health(Food Handling) -----		1-386-758-1057

**Visit our website at www.columbiataxcollector.com
“Working Together To Make A Difference”**