



APPLICATION FOR BUSINESS TAX RECEIPT
CITY OF LIVE OAK, FLORIDA
 City of Live Oak, 101 S.E. White Ave, Live Oak, FL 32064
 Phone (386) 362-2276 Fax (386) 362-4305

New Business Tax Receipt _____ Lost Receipt _____ Change of Address/Name _____

Name of Business: _____

Business Address: _____

Owner's Name: _____

Mailing Address: _____

Contact Numbers: Bus. _____ Hm. _____ Cell _____

Email Address: _____

Type of Business: _____

Tax ID Number or Social Security #: _____ Inventory Value if Merchant: \$ _____

If State licensed please indicate License # _____, Type of License _____

(A valid State license must be presented with application along with a valid Driver's License)

- A) Operating without first obtaining a Business Tax Receipt will result in a 25% penalty being added to the Business Tax Receipt Fee.
- B) Approval is contingent on the business type, as well as the new or existing location, having been inspected and found to be in compliance with all applicable codes and ordinances, including Life Safety, Building, Zoning, and Land Development Regulations.
- C) When a Business Tax Receipt is issued, **it is applicable only for the business address indicated above. Any change of location will require the submittal of a new application and new inspections.** Receipt will expire on **September 30th** from date of issue and must be renewed each subsequent year.
- D) Applicants are hereby noticed that all Business Tax Receipts are issued at the full-year rate, up until April 1, when the pro-rated fees take effect.
- E) All applicants for a Local Business Tax must, prior to submitting, comply with all other federal, state, or local laws, rules or regulations relating to the proposed business/use. It is understood, that failure to correct conditions, which are in violation, is punishable under the code or sufficient cause for revocation of the business tax receipt.

I certify that all the information contained herein is true and correct.

Owner's Signature: _____

Date: _____

CITY CLERK: Final Approval

City Clerk: _____ Date Issued: _____