



Administrative Services
120 East Main Street
Apopka, Florida 32703
407-703-1703
administrativeservices@apopka.net

HOME BUSINESS TAX RECEIPT APPLICATION

FILING THIS APPLICATION AND REMITTING THE APPLICATION AND BUSINESS TAX FEE(S) FOR A CITY BUSINESS TAX RECEIPT DOES NOT ALLOW THE APPLICANT TO OPERATE OR ENGAGE IN ANY TYPE OF BUSINESS, OCCUPATION OR PROFESSION UNTIL A BUSINESS TAX RECEIPT IS ISSUED TO THE APPLICANT. **NOTE: THE \$10.00 NON-REFUNDABLE APPLICATION FEE IS IN ADDITION TO THE BUSINESS TAX FEE(S).**

Business Information	Mailing Address (If different than business address)
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: Fax:	Phone: Fax:
Email Address:	Email Address:

Business Description (In Detail): _____

Federal Tax ID Number (FEI#) _____ OR Social Security Number : _____

Fictitious Name Registration# _____ OR Exemption Status: _____
(Attach Copy) (Licensed Professional, First & Last Name Used, Incorporated, Attorney)

Regulatory License/Certification #: _____ Corporate Doc#: _____

Applicant Signature: _____ Date Submitted: _____

COMMUNITY DEVELOPMENT

Date Received:	Date Approved:	Approved By:
Telephone and/or Mobile Business Only: Yes:	No:	Zoning Est.:
Legal Description:		
Comprehensive Plan (Land Use)		
Comments:		

ADMINISTRATIVE SERVICES

☐ Full Fiscal Year Fee:\$ _____ ☐ Half Year Fee: \$ _____ ☐ Transfer Fee:\$ _____

Business Code/Class: _____ Business Tax Receipt #: _____

Application Fee: \$10.00 Date Paid: _____ Date Issued: _____ Issued by: _____

Bus Tax Subtotal:\$ _____ Total Paid: \$ _____ Cash ☐ Credit/Debit: ☐ Check #: _____