



Business Registration Application
1065 Ridgewood Avenue, Holly Hill, Florida 32117
Phone:(386) 248-9442/Fax: (386) 248-9498

Rev. Date: 11/2010

PLEASE TYPE OR PRINT CLEARLY & SUBMIT A COPY OF YOUR COUNTY BUSINESS TAX RECEIPT & A FEE OF \$20.00

Date:_____

Name of Business:_____

Address of Business:_____

City_____ State_____ Zip_____ Phone (____)_____

Mailing Address (If different than above):_____

City_____ State_____ Zip_____ Phone (____)_____

License Holder Information – If Different from Above

Name:_____

Home Address:_____ Phone (____)_____

City_____ State_____ Zip_____

Type of Business_____

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 Registration issued to me. It is further understood that I must comply with the Codes of the City of Holly Hill and failure to correct conditions that are in violation are punishable under the code or sufficient cause for revocation of my Business Registration.

Signature of Contractor

(SEAL)

Notary Public
STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____

Notary:_____

by _____

(Signature)

Personally known to me Produced as Identification _____