



Revised: June 2023

COMMERCIAL LOCAL BUSINESS TAX CHECK LIST

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COMMERCIAL LOCAL BUSINESS TAX CHECK LIST

The following is a checklist of paperwork that may be needed for us to complete your licensing process. If you have any questions regarding these, please call our office.

Note: This office cannot make copies of the required documents below. Please attach copies with the application.

1. Copy of Articles of Incorporation AND Letter from IRS showing E.I.N. # if applicable
2. Copy of State License, Registration or Certificate (depending on occupation)
3. Copy of driver's license or another picture ID
4. Fictitious Name Registration – If not using your legal name in title of business
5. Proof of exemption – if applicable

ALL BUSINESSES ARE REQUIRED to be inspected by the Fire Department before applications are finalized.

FOR LICENSE TRANSFERS: (change of business owner or location)

The ***original current*** Holly Hill Occupational License Certificate from previous owner must be submitted with this application for transfer.

ALL BUSINESSES MUST obtain a Volusia County Business Tax Receipt after receiving your Holly Hill Business Tax paperwork in the mail.

This can be obtained at their website: <http://www.volusia.org/revenue/BTRHelp/New.htm>

Fictitious Name Registration, Incorporation & LLC (Limited Liability Corp) can be obtained through their website: www.sunbiz.org

CITY OF HOLLY HILL LOCAL BUSINESS TAX APPLICATION

CIRCLE ONE: New Business **OR - TRANSFER OF:** Address Owner

Date _____

Business Name _____

Business Address _____ Unit # _____ Bus. Tel. _____

Mailing Address (if different) _____ City _____

E-mail _____ Website Address: _____

Type of Business (Describe in Detail) _____

Owner _____ DOB _____ Tel. _____

Home Address _____

Manager/ Operator/Contact Person _____ Tel. _____

Home Address _____ Email: _____

Federal Employer ID Number _____

CERTIFICATE: I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that if any portion is false or misrepresented, such fact may constitute a criminal violation of City Code, and cause for immediate revocation of any license issued to me. If any refund is due, please note that the application fee is non-refundable. I further understand that if I engage in a business under a fictitious name, I must comply with the "Fictitious Name Statute", Section 865.09, Florida Statutes.

Signature _____ Date _____

B&Z OFFICE USE ONLY

Zoning Designation _____ Zoning Official Signature _____ Date: _____

Comments _____

Fire Inspector Signature _____ Date _____

Classification _____ License Number _____

Occupational License Fee _____

Fire Inspection Fee _____

Application Fee (**non-refundable**) _____

Transfer Fee _____

TOTAL _____

PLEASE ENTER ALL APPLICABLE INFORMATION:

BUILDING/UNIT	_____	Square Footage
RETAIL OR WHOLESALE MERCHANTS:	_____	Inventory Value
RESTAURANT	_____	# of Seats
MANUFACTURING	_____	# of Employees
HOTEL/MOTEL/APARTMENT	_____	# Units
GAS STATION	_____	# of Nozzles
BEAUTY/BARBER SHOP	_____	# of Chairs
ALF, RETIREMENT HOME	_____	# of Units/Residents

IF TRANSFER, PLEASE FILL OUT OLD INFORMATION:

Current Business License # _____

Business Name _____

Business Address _____ Phone # _____
