



**COMMERCIAL LOCAL BUSINESS TAX
CHECK LIST**

1065 Ridgewood Avenue, Holly Hill, Florida 32117-2807
Phone:(386) 248-9442 – Email: btr@hollyhillfl.org

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
2. Letter from IRS showing E.I.N. #
3. Copy of State License, Registration or Certificate (depending on occupation)
4. Copy of driver's license or another picture ID
5. Copy of your lease agreement for your space or proof of ownership
 - a. Lease agreement must be signed by both tenant and landlord to be accepted
6. Fictitious Name Registration – If not using your legal name in title of business
7. Proof of exemption – if applicable

ALL COMMERCIAL SPACES ARE REQUIRED to be inspected by the Fire Department AFTER payment on Business Tax Receipt is made. License cannot be issued until Fire Marshal passes inspection. Fire Marshall will be in contact with you once the license is paid for.

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.

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 _____

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) _____

Technology Fee _____

TOTAL _____

PLEASE ENTER ALL APPLICABLE INFORMATION:

BUILDING/UNIT	_____	Square Footage
RETAIL OR WHOLESALE MERCHANTS:	_____	Inventory Value
RESTAURANT/BAR	_____	# 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 # _____
