APPLICATION FOR BUSINESS TAX RECEIPT • PASCO COUNTY FL Return this form intact with copies of any required documents. Business Tax Receipts expire September 30th.

Business Name or Fictitious Name: If Fictitious Name, Registration Number: Corporate Name (If different from above): Owner/Manager's Name: Date Business Opened In Pasco County: Physical Location Of Business: UNABLE TO ACCEPT A COMMERCIAL MAIL RECEIVING AGENCY ADDRESS. Mailing Address: Federal Employer ID Or Social Security Number: F.S. 205.0535(6) REQUIRES FED ID# OR SOCIAL SECURITY# BEFORE ISSUING RECEIPT
Corporate Name (If different from above): Owner/Manager's Name: Date Business Opened In Pasco County: Physical Location Of Business: UNABLE TO ACCEPT A COMMERCIAL MAIL RECEIVING AGENCY ADDRESS. Mailing Address: Federal Employer ID Or Social Security Number:
Owner/Manager's Name: Home Phone: Date Business Opened In Pasco County: Business Phone: Physical Location Of Business: UNABLE TO ACCEPT A COMMERCIAL MAIL RECEIVING AGENCY ADDRESS. Mailing Address: Federal Employer ID Or Social Security Number:
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UNABLE TO ACCEPT A COMMERCIAL MAIL RECEIVING AGENCY ADDRESS. Mailing Address: Federal Employer ID Or Social Security Number:
■ Federal Employer ID Or Social Security Number:
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Sales Tax Registration Number: Expires:
State or County Regulatory License Number:
Number of: (employees, seats, machines, etc.)
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AFFIDAVIT REGARDING BUSINESS TAX RECEIPT Business Name Year Year
The undersigned hereby certifies the following fact(s) regarding the Business Tax Receipt described:
□ The original Business Tax Receipt was lost or destroyed.
☐ The business has not been in operation from to
□ Business exempt from compliance with the Fictitious Name Act for the following reason:
 My business name is my legal personal name rather than a fictitious name. (Example: John Doe Co.; John Doe, Own I am exempt under Chapter 865.09(7), F.S. (Example: A business formed by an attorney licensed to practice law in Florida, or a person licensed by the Department of Professional Regulation, for the purpose of practicing his licensed profession, notwithstanding that it transacts business ancillary to the practice of such profession.) Corporation or other legal entity registered with the Division of Corporations.
□ Request physical location of business be restricted from public view. (Must meet requirements per F.S. 119)
□ Business Closed □ Other
Signature of Owner Date