

ZONING CATEGORY: _____

APPROVE DISAPPROVED DATE

VENDOR #: _____

ZONING _____

LOCATION #: _____

BLDG DEPT _____

TEMP _____ PERMANENT _____

FIRE DEPT _____

SIC # _____

POLICE DEPT _____

LICENSE AMOUNT: _____

Business Tax Certificate Application

City of Williston

50 NW Main St, P.O. Drawer 160, Williston, FL 32696

Phone: 352-528-3060 Fax: 352-528-2877

Date: _____

Business Name: _____ FEID/SS # _____

Fictitious Name: _____

Location of Business: _____ Commercial / Residential (circle one)

Type of Business: _____ Permanent / Temporary (circle one)

Business Mailing Address: _____

Telephone #: _____ Fax #: _____ Cell #: _____

Email Address: _____

Owner's Name: _____ Owner's Date of Birth: _____

Owner's Address: _____ Owner's Home #: _____

Beginning Retail Sales Inventory at close of your last business year: \$\$ _____

Total Floor Area (Square feet): _____

Number of off street paved parking: _____

Complete the following sections applicable to your business:

Number of Employees: _____ Juke Boxes: _____ Restaurant Seats: _____

Gasoline Pumps: _____ Apartment/Rooms: _____ Car/Truck/Trailer Rentals: _____

Vehicles: _____ Beauty/Barber Chairs: _____ Vending Machines: _____

Tanning Booths: _____ Video Machines: _____ Pool Tables: _____

Other Please Specify: _____

Signature: _____ Title: _____ Date: _____

CERTAIN TYPES OF BUSINESSES MAY REQUIRE LICENSES WITH THE STATE & COUNTY. IT IS THE BUSINESS OWNER'S RESPONSIBILITY TO RESEARCH AND FILE ALL STATE OF FLORIDA LICENSES (850-487-1395) AND LEVY COUNTY LICENSES (352-486-5301).

COPIES OF STATE/COUNTY LICENSES OR CERTIFICATES MUST ACCOMPANY THIS APPLICATION.

IF YOU ARE INDICATING AN EXEMPTION FROM PAYING THE BUSINESS TAX LICENSE, PLEASE PROVIDE COPIES OF ANY RELEVANT EXEMPTION ITEMS, SUCH AS A RECEIPT FROM ANY OTHER AGENCIES/CITIES/COUNTIES.