



BUSINESS TAX RECEIPT
APPLICATION

Contact info:

**City of Crystal River
Business Taxes**

123 NW Hwy 19
Crystal River, FL 34428

352-795-4216 Ext. 342
mharkovich@crystalriverfl.org

Check application type:

- New application Updating information

Check business type:

- Commercial Business (brick and mortar location in city limits)
 Home Occupation (running a business from your home)
 Mobile Vendor (mobile business such as food truck, hot dog cart)
 Vendor Registration (1099 employment or other busn, please ask if you're unsure)
 Out of Town Registration (must provide license from primary county or municipality)

DBA (Fictitious) Name: _____

All business names different than the owner's legal name must register with www.sunbiz.org. If no other name than the owner's legal name will be used, please enter the name on this line and provide legal ID.

Corporation Name: _____

Business Address: _____

Physical address in the city where business is operating or principal address - **include zip code**

Business Phone: _____ Business Fax: _____

Owner(s) Name(s): _____

Owner Contact Number(s): _____

(Different from the business number so the owner can be contacted directly if needed. This is only used for calls related to the business, normally if contact cannot be made at the main business number.)

Contact Email: _____

Mailing Address, if different from above business address: _____

FEIN/Federal Employer#: _____ or Social Security#: _____

A receipt may not be issued unless the federal employer identification number or social security number is obtained from the person to be taxed. ~ F.S. 205.0535(6)

Florida Sales Tax#: _____ or Social Security#: _____

If the business does not have a FL Sales Tax#, the SSN must be provided ~ Florida Dept. of Revenue.

What does your business do? _____

Open date at this location: _____ (Circle: Prospective Date -or- Actual Date)

Name of Business: _____

Zoning and Building Authorization Requirement: In accordance with City Ordinance 11-2, "No local business tax receipt shall be issued, renewed or transferred unless the business, occupation, or profession is in compliance with all applicable zoning requirements." It is recommended you contact Development Services to ensure zoning and building requirements can be met before applying for the business tax receipt. They can be reached at 352-795-4216, ext. 306 or 317.

Business location is a: commercial location private residence other _____

Area size of business site: _____

Prior use of space/property: _____

Length of time the space was vacant: _____

Attach any state issued licenses, permits, and certificates of registration with the application, or official document of exemption thereof, the State of Florida requires for operation of your business/profession. This is required by Florida Statute 205. If needed, please refer to informational handouts as we may have additional information needed for your type of business. We are also available to answer questions and provide assistance.

By signing, I hereby declare the information provided is true and correct. I understand violations of any Federal, State, and/or local laws or ordinances may be grounds for the City of Crystal River to revoke the Business Tax Receipt or Registration. I also acknowledge that I have been made aware that the issuance of the business tax receipt or registration does not constitute the only authorization required to conduct business in the City of Crystal River. Please note, as a business owner it is your responsibility to ensure your business and staff are aware, and to your ability, follow city ordinances as well as state and federal laws.

Owner/Applicant's Signature: _____

***This form can only be signed by the owner or other person with signing authority for the business.** If the signer's name is not listed on the Sunbiz registration connecting the person to the business, a notarized letter of authority is required by the owner to establish that authority.

Print Name: _____ Date: _____



If applicable, you should receive one of the following items. Please initial to acknowledge receipt.

_____ Home Occupation: Ordinance Information (3 pages)
Initials

_____ Handyman: Handyman vs. Contractor general information (2 pages)
Initials

_____ Mobile Vendor: Ordinance Information (2 pages)
Initials

Thank you for your business in the City of Crystal River!

Zoning & Building Authorization - For Office Use Only:

Date submitted for review: _____ or Not Applicable: _____

Alt Key: _____ Parcel #: _____

Zoning Approved: Yes No Signature: _____ Date: _____

Building Approved: Yes No Signature: _____ Date: _____