COLLIER COUNTY BUSINESS TAX RECEIPT APPLICATION

2800 N. Horseshoe Drive, Naples, FL 34104
Make Check Payable to: Collier County Tax Collector
Phone: 239-252-2477 Website: www.colliertaxcollector.com

CHECKLIST

- ☐ Print-out from Florida Dept. of State showing that the Corporation, LLC, or Fictitious name is active. (850-245-6052 or 6058) **www.sunbiz.org**
- ☐ Copy of State license from Department of Business and Professional (850-487-1395) or Department of Health. (850-488-0595)
- ☐ Copy of City Business Tax Receipt. (239-213-1800)
- ☐ Copy of Motor Vehicle Repair Registration Certificate from Department of Agriculture. (800-435-7352)
- ☐ Copy of Health inspection from Department of Hotels and Restaurants (850-487-1395) or Department of Agriculture. (800-435-7352)
- ☐ Copy of Fire Compliance (see contact info enclosed)
- ✔ Copy of Marco Zoning Certificate. (239-389-5000)
- ☐ Copy of Short Term Vacation Rental Registration
- ☐ Copy of Collier Zoning Certificate
- ✔ Completed Business Tax Receipt application with appropriate fee of CALL FOR FEE made payable to: Collier County Tax Collector.
- ☐ Copy of Drivers License with Home Address.
- ✔ Other: OTHER ITEMS ON THIS CHECKLIST MAY APPLY
- ☐ Please contact the Property Appraiser's office at 239-252-8145 regarding tangible tax.

CHECK ONE:

☐ Original Application _____
☐ Transfer of License # _____
☐ Renewal of License # _____

Date: _____
Classification _____
Code Number _____ - _____ - _____
License Amount _____

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1) CORPORATE/LLC NAME - _____

1a) DBA (FICTITIOUS) NAME - _____

1b) BUSINESS OWNER OR QUALIFIER'S NAME - _____

2) PHYSICAL ADDRESS - _____
(No P.O. Box allowed)

2a) IS RESIDENCE USED AS AN OFFICE - ☐ **Yes** ☐ **No**

3) OWNER OR QUALIFIER'S RESIDENTIAL ADDRESS - _____

4) BUSINESS MAILING ADDRESS - _____
Street City Zip

5) TELEPHONE - Business: _____ Home: _____

6) LEGAL FORM OF BUSINESS: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP

7) OPENING DATE OF BUSINESS OR DATE ASSUMED - _____

8) OFFICE WITHIN CITY LIMITS OF NAPLES - ☐ Yes ☐ No If Yes, City License No. _____

9) SOCIAL SECURITY NO. or FEDERAL EMPLOYER IDENTIFICATION NO.

_____ - _____ - _____ _____ - _____ ***see back of application for explanation**

9a) TYPE OF BUSINESS CONDUCTED: _____

10) NUMBER OF EMPLOYEES - Including number of owners: _____

11) WILL THE BUSINESS STORE, HANDLE, USE, OR GENERATE ANY AMOUNT OF HAZARDOUS SUBSTANCES OR HAZARDOUS WASTES? (fuels/oils, paints, solvents, chemicals, etc.)
☐ **Yes** ☐ **No**

12) FILL IN THE APPROPRIATE AREAS -
a) Rental units (motel/hotel/apts.) Number of units: _____
b) Seating Capacity (rest./cafes, etc) Number of seats: _____
c) Number of coin-operated machines owned by business or individual: _____

13) STATE LICENSE OR CERTIFICATION NUMBER - _____
Must have photo copy of state license if state licensed and certified

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UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE TO THE BEST OF MY KNOWLEDGE.

xxxAPPLICANT'S SIGNATURE: X _____ **DATE:** _____
(Owner and/or representative of business) **TITLE:** _____

******THIS LICENSE IS NON-REFUNDABLE FOR BUSINESS STATED ABOVE******

SECTION A, B, AND C FOR OFFICE USE ONLY

THIS SECTION TO BE FILLED OUT BY CONTRACTORS/BCC LICENSING BOARD

SECTION A

Classification of Contractor: _____ County Certification Number: _____

Department Supervisor _____ Date: _____

THIS SECTION TO BE COMPLETED BY COLLIER COUNTY PLANNING SERVICES

SECTION B

This business was issued a: **PROPERTY ZONED**_____

Land Use and Zoning Certificate: Home Occupation ____ #_____

Land Use and Zoning Certificate: Non-Residential ____ #_____

Short-Term Vacation Rental Registration Certificate ____ #_____

Comments: _____

_____

_____

THIS SECTION TO BE COMPLETED BY THE HEALTH DEPARTMENT

SECTION C

_____ Business **DOES COMPLY** with the local and/or State requirements.

Signed: _____ Title: _____ Date: _____

*** In accordance with Florida Statute 205.0535(6), we require you to provide us with either a Federal Employer Identification Number (FEIN) or a Social Security number.**