



LOCAL BUSINESS TAX RECEIPT

Business Information

Name

Physical Location/Address City State Zip

Email Phone

Check here if business mailing address is same as physical location (if different fill out below)

Mailing Address City State Zip

Owner Information

Owner Name Phone #

Street Address City State Zip

Manager/Operator Name (if not owner) Phone#

Street Address City State Zip

Describe Business

Form with fields: EIN /SSN, State Lic#, Sales Tax #, # of Employees

Form with fields: # of seats (restaurant), # of rooms (apartment/hotel), # of units (storage/warehouse), Inventory Value (\$), Value of checked items

Exempt? (Attach proof of one of the following)

- Disabled veteran or un-remarried spouse
age 65 or older
widow with minor dependents
disabled

Home based business? (Is the business address at your home?) YES NO

Home Occupation Zoning Certification

I certify that the information given above is true and correct to the best of my knowledge. I understand that payment of this tax does not indicate any land use, zoning, or development approval of any kind whether federal, state or local law, rule, regulation, code or ordinance. I acknowledge that if this business tax is for a home based business, I will comply with all restrictions to Home Occupations as stated in the City of Palm Coast Code, including but not limited to Section 4.12 Home Occupations.

Signature Date

Community Development Approval

Zoning Approval Date

Building Division Approval Date

