

# APPLICATION FOR BUSINESS TAX RECEIPT

● PASCO COUNTY FLORIDA ●

YEAR:

ACCOUNT NUMBER:

TYPE OF BUSINESS:

PLEASE COMPLETE THE FOLLOWING INFORMATION:

■ Business Name Or Fictitious Name:

If Fictitious Name, Registration Number:

Expires:

■ Corporate Name (If Different From Above):

■ Owner/Manager's Name:

Home Phone:

■ Date Business Opened In Pasco County:

■ Physical Location Of Business:

■ Mailing Address:

■ Federal Employer ID Or Social Security Number:

Business Phone:

F.S. 205.0535(5) REQUIRES FED ID # OR SOCIAL SECURITY # BEFORE ISSUING RECEIPT

■ Sales Tax Registration Number:

■ State Or County Regulatory License Number:

Expires:

■ Number Of

( employees, seats, machines,etc.)

POL-9 (R06/09)

---

END OF FORM